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P. Q.—In one of the earlier numbers of this journal we expressed our opinion of a law for the regulation of medical practice that had been passed by the provincial legislature of Quebec. At the time we were not aware that that law was comparatively liberal as compared with one already in force in the adjoining province of Ontario. Dr. Philip Carroll, writing from Simcoe, Ont., gives in detail the provisions of the medical practice law of that portion of the “what is it” nationality on our northern border, and from him we learn that, while the Quebec law demands a six months’, or one term, residence at one of their local schools, before a foreign graduate, other than English, is allowed to practice; that of Ontario requires four years’ residence at the same, unless by grace of the medical council his alma mater be specially exempted from these provisions. As Dr. Carroll says, the motive of this law “appears to be vulnerable.” The particular merits of the Canadian medical schools above even the more inferior ones of the United States, are not sufficiently obvious to justify it in any sense, and its authors will continue, as long as these provisions remain in force, deservingly under the suspicion of having devised them for unworthy motives. We

do not agree with the editor of the Virginia Medical Monthly, that Congress should pass any retaliatory protective medical law for the United States. Our national self-respect does not require it. We should like, however, to see a general law that would discriminate against incompetency from every quarter crowding in upon us, and making every one attempting to practice medicine prove his qualifications, no matter from what source they were obtained. Canadian medical schools should suffer to the extent of such a law and no more.

PASTEUR’S EARTH-WORM THEORY.—A provincial contributor to an English agricultural journal, writes an amusing letter concerning the recent charges advanced against the lumbricus terrestris by Pasteur, who, claiming that this animal constituted the medium for the conveyance of the anthrax-bacilli, drew fifty thousand francs from the French treasury, to enable him to follow up this discovery, and has not yet fulfilled his promise of demonstrating its special value. The correspondent in question, calls attention to the great agricultural importance of earth-worms, which annelides, according to Darwin, annually bring 160 tons of earth to the surface area of every ten acres, and

mediate that constant change of the soil which is a condition of its fertility. The gentleman referred to seems to be anticipating that Pasteur will follow up his alleged discovery with an onslaught on earth-worms. A moment's reflection will show, however, that even if Pasteur's view be correct, it will never be possible or profitable to exterminate these humble grovellers of the soil. A very strong acid might possibly affect their destruction, if simultaneously used over the entire face of this planet, for a period of two years, provided its penetration to a depth of fifteen or more feet could be secured. This plan would have the advantage of being radical enough, and would exterminate all other possible bearers of contagion at the same time. Any other plan we should protest against as imperfect, for in attaching as much value as he does to the earth-worm, M. Pasteur has forgotten the well-established fact, that other animals, such as rats and moles, are frequently the bearers of the contagion, and the observation made previous to the recent oriental plague, that rodents, and frequently larger animals, were found dying in large numbers before the human inhabitants of the country were attacked. Thus far the only practical outcome of Pasteur's discovery is the lesson it teaches of the advisability of burning the cadavers of diseased animals. And this lesson had been inculcated and appreciated before the appropriation of the said fifty thousand francs was made by the French chamber of deputies.

PROTECTION OF THE INSANE.—We have received the minutes of the business meeting of the council of the National Association for the Protection of the Insane and the Prevention of Insanity, at New York, last November. By them we perceive that the Association does not intend to be a merely nominal protest against abuses. Work has been cut out, the results of which will undoubtedly be heard from soon. Committees were appointed to investigate the use of restraint, to devise

means for the spread of psychiatric information in medical colleges and the profession generally, and to awaken a proper interest in the subject, and one to incorporate with the New York Senate Committee now investigating the asylums in that State. The results of this last investigation have been partly made public in the daily press, and give evidence of the need of movements in this direction. It is reasonably hoped that this new Association will fulfill a useful mission in projecting and aiding needed reforms. This may be said in view of the high character of those who are active in its membership.

PATHOLOGY EXTRAORDINARY.—To be a writer in a government publication carries with it certain advantages as well as some possible disadvantage. In the first place, the most worthless trash can be published in a government report with impunity; in the second, the best contribution may pass unnoticed, for government publications, like some religious tracts, are ordinarily consigned to other purposes than to the storing of the cerebral cortex with intellectual conceptions. Perhaps this would have been the fate of a certain article appearing in the Special Report No. 22 of the department of agriculture, which is devoted to a consideration of the contagious diseases of domesticated animals. Unfortunately that spirited little monthly, the *Veterinary Gazette*, discovered the following rich morsel of pathology in the text of the report, which we do not feel justified in withholding from our readers. We regret both to say that the author is a practitioner on the human species, as well as that it should fall to us to propagate his results. But he shall be nameless, and on the other hand, the temptation to furnish our readers with some matter of that lighter strain which is in harmony with the holiday season, is too irresistible. The author opens with the statement, on page 85, that his observations "overturn the received opinions" regarding swine plague. And

so they do after this following fashion:

"With from one hundred to three hundred diameters, I find a dark and nucleated cell, or cells, with dark outlines and dark center. The cell appears circular at first, but in its different stages of aggregation or fermentation, it assumes an egg-shape from the piling of one upon another; or a better comparison would be that of a cauliflower or head of curled lettuce. The tissues of these cells appear ecchymosed. A red globule seldom appears after death, but yellow serum and dark grumous blood are generally found. The blood before death is pale and watery. A drop shows one-half yellow water or serum, and the other half a disorganized clot of a purplish cast. This was particularly noticeable in a cow that died of charbon and hog cholera combined. I suggest the name of putrid measles for this disease, as I think it describes better the character of the malady, and will be more satisfactory to the profession. In some districts it should be designed malignant or black measles, which is not considered fatal."

The doctor is equally eloquent on "lesions." "As to the lesions. The cough which is not constant or permanent, causes you to lose sight of the condition of the lungs which are congested." Further on he speaks of eruptions covering the spleen and lungs, and the kidney, although its investments contain yellow water, is stated to be the only healthy organ. One would suppose these pathological afflictions hard enough on the poor brutes, but they were not spared the therapeutical ordeal. The following is a pathetic recital of these experiences, in its way:

"Two of my hogs were lousy, and in a bad state generally, bedded with the boar and took the disease. With the constant use of chloride of ammonia I kept one alive for two months, and I feel assured that this had a beneficial effect on the lung and throat trouble that generally accompanies this disease. Some had sore and swollen noses, and four sucking pigs had a pustular

eruption much resembling chicken-pox. If this eruption could be kept out I believe that it would prove beneficial to the animal. I have used coal oil and turpentine with marked effect, a teaspoonful of turpentine, or a tablespoonful of coal oil in a little gruel. I have also used caustic patash and concentrated lye."

Not content with giving us this much food for thought in the line of micro-pathology and therapeutics, the writer proceeds to lay down some new principles in zoology. He attributes the terrible diseases which decimated the hogs, cows and mules in his immediate neighborhood to horse flies, and the following epitome of entomology is by him: "In the morning and evening we have swarms of small yellow flies, which are very troublesome. Whether these are young horse flies or not I am unable to say. Then we have the large horse flies with green or striped head, and a smaller one that stings badly. There is still another one which we call the cattle fly, an extra large black fellow that looks much like a hearse or death-carrier." With this we take our leave of the Special Report of the Commissioner of Agriculture. But if the author of the quoted statements does not receive a professorship in one of our colleges before long it will not be owing to a lack of originality on his part. Where are Rindfleisch, Virchow and Rokitansky with their theories, by the side of the discoverer of such absolute facts?

CARBOLIC ACID AS AN ANTIPYRETIC.—Dr. Desplats (La France Medicale) claims that carbolic acid, in febrile cases, in sufficient quantity, suddenly lowers the temperature; that the temperature may be kept down by fresh doses of the agent, and that the dose of carbolic acid heretofore considered toxic, may be increased without danger. He cites cases in which patients have taken, for many consecutive days, even twelve grammes of the agent, without the appearance of toxic symptoms. Let us take this "cum grano salis."

A GOOD DIAGNOSIS.—Attention is called to the full and comprehensive report of a very well observed and well diagnosed case of acute fatty embolism of the lungs by Dr. L. A. Claussen, of Beatrice, Nebraska, former interne at Cook County Hospital. It speaks well for the reporter of this case that such a diagnosis of an obscure lesion has been made. It is probably not too much to say that not one practitioner in a thousand, taking them as they average through the country or city would have recognized the course of death. It would ordinarily have been reported as death from "shock," or from "some obscure, unknown cause." A thorough hospital training, such as Dr. Claussen had, is indeed a necessity, especially in a country where medical colleges require little or no clinical observation on the part of their candidates for graduation.

ACTION OF BROMIDE OF POTASSIUM.—Maragliano has found by employing the method of cranial thermometry, that bromide of potassium, in doses of thirty to fifty grains, contrary to the usual theories of its action, causes a rise of temperature, at least on the outside of the cranium. This rise amounts on the average to about one degree centigrade; it reaches its acme in about an hour and half and declines again in two or three hours. Simultaneously with this there appears a slight rise of two or three tenths of a degree in the axilla. It is of course open to question, especially after the publication of Franck's researches, whether the temperature or the changes of temperature on the external surface of the head, represent approximately similar conditions of the brain or not. There does, however, seem to be some clinical evidence that there is a connection between external cranial temperature and intra-cranial changes, and if this rise following the ingestion of bromides really means an increase of cerebral circulation, then a popular theory of its action will have to be given up.

PILOCARPIN IN DIPHTHERIA.—In the *Berliner klinische Wochenschrift* (No. 40), Dr. Guttman, an observer of well-known merit, relates his experience within the last one and one-half years, and on the strength of it calls pilocarpin a specific in diphtheria. He has, on the whole, treated sixty-six cases, using but very rarely any other internal remedy. Amongst them, fifteen were of a severe type, thirty-three of moderate intensity, and eighteen mild cases. None of them died. Of the fifteen severe cases, two recovered in nine and eleven days; the rest required from two to five days. In all the milder instances the patients got well in one to three days. The noticeable effect was severe salivation, caused by the drug, which removed membranes and infiltrations, and allowed the mucous surface to regain its natural appearance. On the strength of this observation, he used the same agents also in cases of angina and pharyngitis, with a like beneficial result. In fact, he considers it a specific in all but the ulcerative affections of the throat. He has likewise found it of benefit in a few cases of croup.

While these results are stated in plain, convincing terms, his formulæ rather surprise us. The drug has hitherto not been found cumulative in its action. To get a full effect it has been customary to give a single large dose. Guttman, however, gives small-divided quantities. It may be possible that the drug thus acts more on the salivary than on the sweat glands. Children receive from 0.02 to 0.04 pilocarpin, together with acidulated pepsin in .80 water, of which one teaspoonful, one-twentieth of the whole, is given every hour. Adults receive two to three times as much. Each dose is followed by a draught of Hungarian wine. If the action is not decided in twelve to twenty-four hours the quantity is augmented. He orders copious cold drinks or ice water packing of the throat, and fluid food every two hours. In a subsequent note he reports fifteen cases more with similar results.

POISONOUS PIGMENTS.—All the diseases which are caused by coloring matters cannot be charged to the account of arsenic. Since it has been discovered that every shade of color may be secured from coal tar, arsenical pigments have almost fallen into disuse. It is of the highest practical importance to physicians, especially those in cities, to be informed respecting the innocent or noxious effects of pigments in common use, since such pigments are almost wholly derived from coal tar products. The information desired is found in a late work by Dr. Grondhomme, entitled "Die Theerfarben der Herren Meister, Lucius und Brüning, zu Höchst am Main in Sanitärer und Socialer Beziehung." Among the raw materials employed in this extensive establishment, it is found that benzol is poisonous. When its vapor is inhaled, it produces irritation of the nervous centers, dizziness, ringing in the ears, nausea and drowsiness. Naphtholin is apparently harmless. Anthracen has an irritating effect on the mucous membranes, but does not produce any serious results. Nitro-benzol produces difficulty of breathing, dizziness, drowsiness, tonic and atonic convulsions, ending often in general paralysis and death. The symptoms often are not manifested until twenty-four hours after the poison has been taken. Forty-four cases of acute poisoning from nitro-benzol, fourteen of which proved fatal, have been recorded in medical journals. Aniline is undoubtedly poisonous. Of the common dyes derived from the above substances, it is found that rosaniline, even when prepared with the aid of arsenic, is harmless. Magenta, which has been credited with highly poisonous properties by many medical journals, is found to be harmless. The cases of poisoning of the legs from stockings colored with magenta, have all arisen from arsenic. Pure magenta will cause neither eczema nor erythema, neither does it tend to form albumen in the urine, as has frequently been charged. Eosin and erythrosin are perhaps slightly poisonous. Naph-

thol colors are harmless. Alazirin causes a slight irritation of the skin. The factory of Meister & Co. employs over one thousand persons. Not more than three per cent. of the sickness among them is caused by the coal tar products. Certainly, if these are so harmless to the manufacturers, our women and children will not suffer greatly from wearing clothes that have been dipped in these dyes. The Chemical News is quite right when it says: "If writers and lecturers who wish to organize a crusade against poisonous colors will consult Dr. Grondhomme, it will enable them to add knowledge to their zeal."

SEPARATION OF ARSENIC AS ARSENIDE OF HYDROGEN.—It is almost universally believed that the presence of organic matter in solutions examined for arsenic in Marsh's apparatus, entirely prevents or greatly hinders the evolution of the arsenic. During the current year a paper appeared in the Chemical News in which the author, Dr. Boeke, says: "The admirable method of Marsh in its improved form allows the detection of the minutest trace of arsenic even in the most complicated mixtures but with one restriction, viz.: that the solution to be examined be wholly free from organic matter." Chittenden and Donaldson have, however, shown (Am. Chem. Jour., Oct., 1880), that organic matter interferes very little, if any, with the detection of arsenic. The only precaution they take is to pour into the evolution flask a few drops of sweet oil, which effectually prevents the frothing which organic matter produces during the evolution of hydrogen. The generator should also be kept cool to prevent the possible formation of hydrogen sulphide. To test the accuracy of the work a known quantity of arsenic was introduced into urine in a Marsh's generator. They recovered .0035 and .00352 gm. Theory required .00359 and .00356 gm., respectively. These results show that the complete isolation of the arsenic from organic matter is not necessary to its exact estimation.

DISTRIBUTION OF ARSENIC IN THE TISSUES IN CASES OF POISONING.—Many investigators have called attention to the tendency of muscular tissue to absorb arsenic. Lately Scolosuboff (*Bulletin de la Société Chimique*), has attempted to show that the nerve tissue had a special tendency to absorb the poison. This investigator, however, used sodium arsenite, while arsenious oxide is the form in which it is generally used as a toxic agent. Johnson and Chittenden (*Am. Chem. Jour.*) have lately examined the body of Mr. Riddle, dead nearly a year and a half. The body was found well preserved. Their examination proved the presence of arsenic in every part of the body. From this they infer that it was a case of chronic poisoning. In the celebrated case of Mary Stannard, Johnson found nearly six grammes in the stomach and liver, while the brain contained hardly a perceptible trace of arsenic. In this case, however, the girl was murdered presumably within a short time after taking the poison. Experiments concluded on a dog, show that after twenty-four hours the brain had absorbed scarcely a trace of the poison while the other tissues contained an abundance of it. From these experiments we conclude that the liver is most apt to contain arsenic in cases of chronic poisoning, while of all the tissues the nerves and brain are least apt to contain the drug if it be administered in the form of oxide.

PROGRESS IN TOXICOLOGY.—Chittenden and Donaldson, in the *American Chemical Journal*, have described a modification of Marsh's test for arsenic, which appears to be of real value. Instead of conducting the arsenide of hydrogen into ammonia-sulphate of copper or ammonia-nitrate of silver, they secure the total deposition of the arsenic in the metallic state by decomposing the gas with heat. The glass tube is heated through a length of several centimeters to ensure complete decomposition. Beyond the point of the application of heat the tube is drawn out to a diameter

of one to three millimetres, according to the amount of arsenic present. The gas is evolved very slowly, acids of different strength being added from time to time to secure a regular evolution of the gas. For five milligrammes of arsenious oxide about three hours are required. Rigid experiments have shown that not a trace of arsenic escapes deposition by this method. When the operation is complete the constricted portion of the tube is cut off and weighed. The metallic arsenic is then driven off by heat, or if desired for medico-legal purposes, dissolved in an acid. The tube is again weighed and the loss of weight given the amount of arsenic. The simplicity and accuracy of this method commend it to the favorable consideration of all physicians and toxicologists. Certainly no other method for the quantitative determination of arsenic in small quantities gives such good results. The authors obtained .003, .0029, .00219 g. arsenic instead of .00303, .00303, .00227 g. theoretically present. Nothing further in the way of accuracy could be desired.

SEPARATION OF ARSENIC FROM ORGANIC MATTER.—Chittenden and Donaldson also recommend a modification of Gautier's process for the complete extraction of arsenic from organic matter which has many points of merit. The chief advantage of this modified process consists in working at a much lower temperature than has heretofore been used, thus avoiding all danger of volatilization of the arsenic. The highest temperature employed is 200° C., and the greater part of the operation is carried on at a much lower degree. Nitric acid is used as the principal oxidizer, a little sulphuric acid being added at the last. The arsenic is thus all reduced to the form of arsenic acid which is readily soluble in water. The hard carbonaceous mass which is obtained at the end of the reaction, should be repeatedly digested with water, the process being continued for at least twenty-four hours. The several aqueous

extracts are to be evaporated to a small bulk and are then ready for the Marsh apparatus. A process which requires only three reagents, all of which can be obtained easily, free from arsenic, has manifestly great advantage over any process, however complete, which requires a large number of chemicals. The arsenical solutions which the numbers already given were obtained, were prepared by the above method.

ARE THERE TWO DISTINCT FORMS OF HEPATIC CIRRHOSIS?—As long ago as 1859, Charcot and Luys had claimed the existence of two distinct varieties of cirrhosis of the liver, and many modern pathologists have followed them to the extent of admitting an hypertrophic and an atrophic form of the disease. In the former, the French authors claim that the connective tissue hyperplasia does not take place alone around the acini, as it does in the atrophic form, but in addition invades the very tissue of the acini.

A German observer shows that this criterion is faulty, and demonstrates that the distinctive character of the two affections is to be sought in the manner of origin of the hyperplastic connective tissue.

In the hypertrophic form Ackermann (Virchow's Archives) finds that the connective tissue development starts from the blood-vessels, which are normally found in the liver, while in the atrophic form it originates from pathologically new-formed blood-vessels. For this reason the two conditions do not, in his opinion, constitute two varieties of one and the same affection, or as older observers claimed, two stages of such, but are in reality distinct pathological processes. He compares the new formation in the hypertrophic form, to an elephantiasis-like hypertrophy; that of the atrophic form, to cicatricial tissue. He does not, however, exclude the existence of an hypertrophic stage in ordinary or atrophic cirrhosis.

POLARIZED LIGHT AND SUGAR.—Many of the readers of the Review had doubtless finished their studies in college before the method of sugar determination by polarized light had come generally into use. The polariscope is much more convenient and affords so much better results than the copper solution, that its merits and methods deserve to be better understood. The principle of the polariscope is as follows: When a ray of polarized light passes through a solution of sugar it always suffers a certain amount of rotation, determined by the character and strength of the solution. Cane sugar and grape sugar (sucrose and dextrose or glucose) turn the plane of polarization to the right. On the other hand, inverted sugars (mixture of dextrose and lævulose) turn the plane of polarization to the left. By means of a small telescope focussed on a vernier, the actual degree of rotation is easily observed. The sugar solution is contained in tubes with glass caps. These tubes are of a given length, usually 200 or 220 millimetres. Albumen and some other organic bodies also produce rotation in a plane of polarized light. The polariscope, therefore, bids fair to become as useful to the practicing physician as the thermometer now is. By its aid he will not only be able to detect sugar or albumen in the urine, but also to determine its amount.

AMPUTATION OF THE CERVIX UTERI.—A discussion which took place in the Société de Chirurgie is reported in the Journal de Médecine de Bordeaux, concerning the best instrument for this operation. The majority favored the galvano-cautery, objecting to the knife on account of the hæmorrhage, and to the thermo-cautery on account of the heat and smoke produced. The scissors used according to the directions given in Emmet's Principles and Practices of Gynæcology would be a vast improvement on all the instruments which this society discussed. Hæmorrhage is not generally very much to be feared in this operation.

LACTATION.—Dr. J. W. Sinclair relates (Medical Record) a number of cases illustrating the effects of a long-continued lactation upon the ovaries and uterus, from which he draws the following conclusions: I. Lactation tends to prevent conception by its influence on the ovaries, in retarding their return to the state in which ovulation is perfect. II. After weaning, the evolution of the ovaries becomes more rapid than it is during any period of lactation. III. After long-continued lactation, its sudden cessation is liable to be followed by a rapid evolution of the ovaries and uterus, giving rise to symptoms of ovarian and uterine hyperæmia. IV. Long-continued lactation may cause superinvolution of the ovaries and uterus, resulting, under favorable circumstances, in complete or partial prolapse of the uterus.

LITHOTRITY.—Sir Henry Thompson read before the British Medical Association at its last meeting (British Medical Journal, Aug. 28, 1880,) a paper on lithotritry at a single sitting, with a record of its results in forty-six consecutive cases, from which he draws the following practical deductions: I. Before operating diagnose carefully the size and nature of the calculus. II. It is more difficult to remove a large stone at a single sitting than at several sittings. III. We are not justified in attempting to remove all stones by crushing. The author regards lateral lithotomy as an admirable procedure in cases in which the calculi are hard and two ounces or more in weight, or in which, on account of the small calibre of the urethra, or from other circumstances, lithotritry is contraindicated.

CONSECUTIVE LITHOTOMIES.—Dr. Orloff reports, in the Meditz, Obozreine, May, 1880, the removal of a calculus, one ounce in weight, from a boy twelve years of age, by the lateral operation, and eighteen months later, from the same patient, another stone, weighing one hundred grains, by the suprapubic operation.

CHLORAL AND MORPHINE IN SURGERY.—About one hour before operating, M. Trelat, (Progrès Médical) gives the patient from two to six, or even eight grams of chloral, and forty grams of syrup of morphine. By this means, prior to the administration of the anæsthetic, the patient comes with indifference to the operation. It occurs to us that after the use of such doses the indifference would sometimes become even supreme.

FETID SWEATING OF THE FEET.—A correspondent of the British Medical Journal, recommends, in this annoying condition, that the affected portions of the sole of the foot be covered with ordinary adhesive plaster. This should be renewed in three or four days, and again after a week. The fetor ceases from the first application.

PRACTICAL THERAPEUTICS.—The Medical Record informs us that Dr. Bartholow has adopted a new plan of teaching therapeutics at Jefferson Medical College. A laboratory has been fitted up, in which the students receive practical instruction in the manipulation of drugs.

CHARCOAL IN DIARRHŒA OF INFANTS.—Dr. Jules Guerin has recently cured a case of infantile diarrhœa, with vomiting, by the administration of a dessertspoonful of finely-powdered charcoal, given in the nursing bottles with milk.

EARACHE.—Dr. Morgan (National Medical Review) has often promptly relieved earache in children by blowing chloroform vapor upon the membrana tympani.

GASEOUS DYSPEPSIA may be cured by chloroform, in fifteen to twenty drop doses, taken in a little syrup after meals.

THE American Academy of Medicine holds its next meeting September 20, 1881, in New York City.

CONTRIBUTIONS.

*SMALL POX.***The Result of Attempting to Check Its Spread in Chicago.*

BY OSCAR C. DE WOLF, M. D.

Commissioner of Health.

One hundred and forty-seven thousand immigrants have been received at and distributed from Chicago during the year 1880. Unlike ports of entry on the seaboard, where these strangers may be quarantined and provided for until ready to forward, Chicago receives them on their transit to the Northwest from four different lines of railroad, and permits them to disperse themselves about the city at their pleasure. The passage from European ports is now so rapidly made that the individual may contract small-pox two days prior to taking ship at Bremen, for instance, and find himself in Chicago before the eruption has arrived. In this manner small-pox has been brought to this city (Chicago) six times during the past year. Again, Chicago has received as a permanent accession to her population 30,000 souls each year since 1877.

The cosmopolitan multitude of immigrants and citizens received each year environs this city with a peculiar peril, when exposed to incursions of small-pox, and should be remembered in a review of the subject as applied to Chicago.

As a basis for the discussion of the subject, and a statement of the views I entertain and methods employed in this city for preventing the spread of small-pox, I offer the following propositions, which may form a conclusion to this note:

I. All physicians and householders should be required by law to report, on first knowledge, to the proper authorities, all cases or suspected cases of small-pox.

II. When from local condition or general prevalence of the disease in locations accessible to our population, there is reason to fear a troublesome invasion of the disease, every case discovered before the suppurative stage should be removed to the hospital, and every house in which a patient is found at a period too late for removal—i. e., after the suppurative period has commenced, should be continuously guarded by a police officer until the patient is dead or removed from surveillance.

* Read before the Am. Public Health Association, at New Orleans, by Dr. J. M. Hall, Chicago, Dec. 9, 1880.

III. The following precautions should be taken in regard to disinfection:

(a) The body, immediately after death, should be wrapped in a sheet saturated with 50 per cent. solution of carbolic acid, closely confined and buried under police direction.

(b) The house, furniture and clothing from which the dead or the living have been removed should be fumigated with sulphuric acid gas or chlorine gas, and remain under police observation for eight hours.

(c) The convalescent, before leaving hospital or domicile, should receive several warm disinfecting baths, paying special attention to the hair, and if from the hospital, all clothing should be perfectly fresh or fumigated.

IV. When general infection is feared, general vaccination should be compulsory and vigorously executed, if necessary by police power.

I am of the opinion that Chicago has escaped an epidemic of small-pox twice during the past four years by a faithful execution, to the utmost detail, of the above programme, although in one instance (1878) I received more censure from a portion of the press and from some citizens than from any sanitary service I ever performed, one daily paper counseling the citizens to "shoot down the health officers like dogs if private domicile were invaded."

The result, however, justified the means, and compliments all around terminated the labor. There have been but three instances during the past four years, so far as I am informed, of failure to report cases of small-pox. On each occasion the attending physician was brought before the courts and fined \$50.

On receipt of notice of small-pox a medical officer is immediately dispatched to investigate the case, and if in his judgment removal is proper, he telephones the fact to the central office, and the ambulance is hastened to the location. The isolation of the afflicted by removal to the hospital was in some cases strenuously opposed by the patient or family, who insisted that under our form of constitutional government such removal, when compulsory, was a violation of the law and inconsistent with the preservation of personal liberty.

In 1877 the following ordinance was passed by Corporation Counsel (now judge) Anthony, and immediately adopted by the City Council:

The following is the ordinance as passed:

ORDINANCE.

Be it ordained by the City Council of the city of Chicago—

SECTION 1. Section 4, chapter 17 of the Revised Ordinance of the city of Chicago, compilation of 1873, is hereby amended by the addition of the following proviso:

Provided, That in case such health officer be resisted or opposed in making such removal of any person so affected with an infectious or pestilential disease, the person or persons so opposing or resisting such health officer shall be fined therefor not less than \$25, nor more than \$200, and such health officer, whenever it shall become necessary in order to make the removal of any person so affected with any infectious or pestilential disease, as provided for in the section to which this is an amendment, is hereby authorized, empowered and commanded to break open the door or doors of any house in which such sick person is, and to use such force as may be necessary to effect such removal. And the police department of the city, shall, when requested, furnish the health officer with all necessary assistance.

SEC. 2. This ordinance shall be in force from and after its passage and due publication.

In my opinion, the power delegated to the municipal authorities by this ordinance is beneficent and salutary. The propriety in all cases, and the absolute necessity in many, of the isolation secured by hospital is too well understood by this body to require discussion. On several occasions it has been necessary to call upon the police force for aid in removing a patient, but in all cases removal was made when attempted. I have sought to overcome this opposition by supplying such accommodations at the hospital as would command the attention and approval of all persons admitted, and with such success that during the past year all citizens afflicted with this loathsome disease have demanded as a right to be admitted to the hospital.

To this date (Nov. 15) there have been reported in the city during the year 191 cases of small-pox; 182 have been removed to the hospital and 9 have been quarantined at home. Of this number (191) 31 have died—about 16.2 per cent.

The nine cases remaining at home were continuously guarded by police officers, who had entire control of the domicile, superintending all going in and coming out, until the case passed from observation. In

case of death the body is treated and funeral conducted as before indicated.

When the ambulance is ordered to the house to remove a case of small-pox it is accompanied by an officer, who is assigned to the duty of fumigation.

He carries a leather pannier, which contains packages of brimstone, rolls of stout paper, three inches wide, a pot of paste with brush. The rooms or section of house occupied by patient, are prepared for fumigation by raising the carpets and hanging on lines stretched across the room, on which is also hung all clothing, bedding, etc., supposed to be infected.

The crevices about windows, doors, floor or wherever found are securely covered by the strips of paper.

A tub containing two or three inches of water is placed in each room, into which a shallow iron vessel is deposited, on bricks, which raise the vessel just above the surface of the water.

A sufficient quantity of brimstone is thrown into the vessel, and two ounces of alcohol sprinkled upon it to insure combustion. Fire is applied and the fumigator retires, pasting the door of exit on the outside.

He remains in charge of the house eight hours. If the house is small, or the entire house needs fumigating, the occupants are removed for the operation.

The process has proved entirely satisfactory. Sulphurous acid gas is preferred to chlorine gas on account of its cheapness, and the ease and certainty with which it can be generated.

The convalescent before leaving hospital or domicile receives several baths or scrubbings in a warm 5 per cent. solution of carbolic acid, special attention being paid to the head. All clothing before leaving the hospital is thoroughly fumigated in the close brick fumigating chamber connected with the institution.

There are 54,000 children attending the public schools of Chicago. A necessary condition of admittance, at the commencement of each school year, is the presentation of a certificate from a physician, licensed by the State Board of Health, that the bearer has either been successfully vaccinated by the subscriber, or that he bears evidence of such successful vaccination. During the first fortnight of school every child is re-examined by the medical officers of the health department. If the evidences of vaccination are not satisfactory to this of-

ficer the child is returned to his parents or guardian with a statement and a re-vaccination requested. In 1879, 2,700 children were thus returned to their homes, and only re-admitted to school upon the certificate of the health officer.

No child of school age, and attending the public schools of this city, has been afflicted with small-pox during the past three years. Wherever small-pox is found all the occupants of the infected house, and also of two blocks each way adjoining, are vaccinated, and when more general infection is feared whole neighborhoods are canvassed. Since it has become generally known that nothing but bovine virus is used by this department, there has been no difficulty in securing vaccination to any extent desired.

By municipal ordinance vaccination is made compulsory whenever the commissioner of health orders it, and I conceive it to be the duty of the State to take charge of this matter, for it is altogether too important to be left to the caprice of the individual.

CHLORAL HYDRATE.

Its use in Pertussis, Asthma and Pulmonary Diseases.

BY H. H. KANE, M. D., NEW YORK.

PERTUSSIS.

The nature of this affection and the fact that children bear much larger proportional doses of chloral than adults, renders this drug especially applicable to its treatment.

A. Ferrand¹ was the first to use it. Having found chloroform of service in some of his cases, he reasoned that chloral would also prove serviceable, and after trial found this to be the case, the treatment succeeding beyond his expectation. He at first gave it in two doses, one before the evening dinner and the other at bed-time, but soon ordered a dose before and one after dinner and one just before retiring. This to three children in doses of from about six to eight grains. As a result the nights become good, and marked improvement was noticed during the day. One child was completely cured in ten days, another in fifteen days, and the other in twenty days. He believes that the cure would have been more rapid had larger doses been used at first. He is of the opinion, further, that chloral acts as such, and not by virtue of its transformation into chloroform.

Walter Rigden,¹ physician's assistant at the Univ. Coll. Hospital, reports fifteen cases of pertussis treated with chloral. Of these there were fourteen recoveries. The one that died, when first seen, was very low with severe pertussis complicated by bronchitis. The chloral seemed to do much good, but measles and finally diarrhoea ushered in a fatal termination. In one case no benefit from the drug was perceived. In all the other cases the cough was made easier and the duration of the disease apparently shortened. The dose was from two to four grains for every year of the child's life.

Dr. Alexander Max Adams² says that he has used chloral in a number of cases of whooping cough with marked success.

Frederick Waterhouse,³ M. R. C. S., finds that chloral has no specific action in pertussis. It is, he says, invaluable as a mitigator of the spasms. He gives the result in eighteen cases of which he has notes; four were treated with sulphate of zinc and hyoscyamus or belladonna; five with chloral alone, and nine with chloral and sulphate of zinc. Of the four, two became complicated with pneumonic symptoms, but recovered; one, which was teething, had convulsions and died; the other got well in the usual time. Of the next five, four ran an average course and recovered, paroxysms being less severe and frequent when taking chloral than when it was occasionally omitted; the other had bronchitis, *ab initio*, and died in the fourth week. Of the nine cases treated with chloral and sulphate of zinc, one had severe diarrhoea in the fourth week, which yielded to bismuth; another, after taking chloral for eight days, had pneumonic symptoms, which passed off in four days after the chloral was omitted, and recovered in the tenth week after spending an hour a day for three days in a chemical works. Two had febrile symptoms from teething, but did well, and, with the remaining five, recovered between the sixth and tenth weeks.

He advises smaller doses than those used by Dr. Rigden, and extreme caution if there are any symptoms of pneumonia.

Dr. P. Brynberg Porter⁴ gives a number of cases in which he has used chloral hydrate with benefit. He found that it gave relief to the spasms and cut short the attack. He used from one to five grains,

¹ Practitioner, 1870, p. 151.

² Lancet, June, 1870.

³ Practitioner, 1870, p. 344.

⁴ N. Y. Med. Journal, Aug., 1872.

¹ Archives Generales, 1869, T. 2, p. 55.

according to the age of the child, every two hours.

Dr. James Bordley,¹ of Centerville, Maryland, has used this drug in a number of cases, as a curative agent, with decided success. He finds syrup of sarsaparilla the best vehicle and uses comparatively large doses.

Dr. Greslon² (*La France Médicale*, April 3, 1875,) speaks of a very severe case of pertussis lasting six weeks and not improving on any treatment. Child, aged eight years. He tried fifteen to thirty grains chloral every night with result of at once diminishing the number of paroxysms, which were before very severe, and the case recovered in fifteen days from date of first using chloral.

Dr. C. H. Smith,³ in a letter to Dr. P. B. Porter (*N. Y. Med. Journal*) speaks of two hundred cases treated by chloral. In every instance it alleviated pain and cut short the disease. Patients six months to twenty years; active treatment continued from two to six weeks. Only one case lasted seven weeks. Cough at once relieved; one hundred and fifty cases; duration from two to four weeks. No other treatment.

It has been used with advantage in this disease by W. H. Travers and E. L. Forsyth, of Providence, R. I.⁴

Dr. Milligan,⁵ of Wirksworth, treated five cases of uncomplicated pertussis in one family, with from one to five grains chloral, according to age of children, belladonna and bromide of potassium having proved useless. Specific symptoms disappeared in five days; cough much relieved from the first. Also seven other cases, with good result.

The following from Dr. S. Henry Dessau, Attending Physician to N. Y. Foundling Asylum, explains itself:

75 West 55th Street.

H. H. KANE, M.D.,

DEAR DOCTOR:—In reply to yours of the 7th inst., asking why I use potass. bromid. with chloral in pertussis, and with what success, I would say that the method of treatment was suggested by the opinion held by laryngologists, that potass. bromid. greatly lessened reflex excitability of the pharynx, from which it might be reasonably assumed that the larynx was similarly affected. Moreover, various accounts in

the medical journals of the use of potass. bromid. in pertussis tempted me several years ago to give it a trial and I found it fortunately to have a beneficial effect. Soon after, I learned of the practice in Bellevue Hospital of combining the bromide with chloral in cases where the first had been formerly used, with the result of a more decided effect. From this cue I adopted the plan of combining the two, and I believe that in the treatment of pertussis it has had as good if not better results in reducing the number of paroxysms and lessening their severity than any other treatment I have used. I believe the combination shortens the duration of the disease in simple cases, uncomplicated with bronchitis or pneumonia, or intestinal trouble, and in fact averts the risk of catarrhal pneumonia occurring as a sequence, by its amelioratory influence upon the pertussis. There may be some possibility of the potash contained in the salt, reducing the mucus secretion, as this property has long been attributed to the carbonate of potash. The chloral in all probability aids the bromine of the salt in allaying the excessive irritability of the nerves supplying the larynx. It is not unlikely that some antiseptic virtue may be exercised by the chloral over the germ that evidently propagates the disease and is localized in the larynx.

Dr. J. Lewis Smith¹ says that he has not seen the cough modified by chloral, and advises its use simply as a hypnotic.

ASTHMA.

Bartholow,² writing of the subcutaneous use of chloral, says: "In asthma decided relief is produced by the injection of chloral. Other neuroses of the chest organs are equally benefited, but the utmost circumspection is needed lest a fatal result follow by paralysis of a weak heart."

Dr. Theodore Williams³ used chloral with great success in three cases of spasmodic asthma. Benefit was both immediate and to a certain extent permanent. Attacks were averted by the timely use of chloral.

Dr. Alexander Max Adams⁴ relates the case of a man with a very severe attack of asthma. Chloroform gave only temporary relief. Thirty grains of chloral were given, and in less than twenty minutes calm sleep was induced, lasting eight hours.

1 Diseases of Infancy and Childhood. Phila., 1879.

2 Hypodermic Medication. Phila., 1879, p. 191.

3 Lancet, Oct. 25, 1873.

4 Lancet. N. Y. Med. Record, 1870, p. 19.

1 Druggist's Circular and Gazette, July, 1874.

2 Monthly Abstract, Aug., '75. London Med. Record, April 21, '75.

3 Med. Brief, April, 1877.

4 By letter.

5 Practitioner, 1877, p. 146.

Dr. J. G. Adams¹ cured a case of undoubted hay asthma with one dose of chloral.

Dr. J. Fred Plomley² has used chloral in a case of bronchitic asthma with great success. It produced sleep beforehand and the spasm was avoided.

Dr. E. Fletcher Ingals, of Chicago, writes me that he has used a combination of chloral and morphia in asthma (seven and a half grains of the former to one-eighth grain of the latter) with decided success.

The following gentlemen write me that they have used it with good results in this disease: C. H. Greenough, N. Y. City; John B. Squier, Sulphur Springs, Ohio, and F. L. Forsyth, Providence, R. I.

PULMONARY DISEASES.

Chloral has not found a very general use in acute pulmonary diseases, owing to the question of danger that has been urged against it in these affections. Other drugs, less dangerous, can be found to accomplish the same result. In chronic pulmonary affections it has received a more extended trial, and when given in small doses has proved itself of great service in the class of cases suited to it.

Dr. A. T. H. Waters³ speaks highly of the use of chloral in bronchitis, phthisis, emphysema, and in heart disease with dyspnoea, citing cases where he has used it with benefit. In heart disease with albuminuria he never had good results, and hesitated always to give it in renal disease.

Dr. Casper Morris⁴ speaks highly of the use of chloral in a case of asthmatic bronchitis, after other remedies had failed.

Dr. E. Fletcher Ingals,⁵ of Chicago, Ill., has used a combination of chloral, seven and one-half grains, and morphia, one-eighth grain, to relieve cough.

Dr. Fred. C. Shattuck,⁶ of Boston, Mass., has used it in fifteen grain doses in the cough of bronchitis and asthma with great benefit. He finds that it acts best in irritative coughs.

Dr. Samuel Whitall, resident physician at the Colored Home Hospital, this city, writes me that he combines it with potass. bromid. and morphine and has found the mixture to act with happy effect in allaying the harassing cough of phthisis.

O'Hara⁷ has found it very valuable in

the cough of phthisis, as also has Dr. G. W. Chamberlain,¹ of Hartford, Conn. He likewise obtained good results in the cough of bronchitis, as did Drs. A. Atkinson,¹ of Baltimore; W. H. Travers,¹ of Providence, R. I., and E. Chenery,¹ of Boston, Mass.

In bronchial affection Mandl² claims to have had good results from the use of chloral cigarettes. Labbee³ believes this may be due to the local anæsthetic action of the vapor.

Dr. F. E. Wilson,⁴ Dove's Depot, South Carolina, says that he has found ten grain doses of chloral hydrate very useful in controlling the delirium of pneumonia.

I had the same good result in one case, although but four grain doses were necessary.

The combination of chloral and cod liver oil for the purpose of allaying the cough and arresting the night sweats of phthisis⁵ has already been spoken of.

M. Ordylowski⁶ draws attention to the value of chloral in phthisis. His observation included fifteen cases, of which only two did not have cavities. The drug was given in capsules, in doses of fifteen to thirty grains, at bed-time, and the patient then drank a glass of water. No bad symptom was noticed in any of the cases. The sleep was peaceable, the physical symptoms were less distressing in the morning, and the patient felt better and stronger, and never complained of cephalalgia. Whenever the chloral was discontinued the insomnia reappeared. The author claims that, in addition to relieving the insomnia, the chloral diminishes the night-sweats, checks somewhat the loss of weight, lowers the temperature, increases the urinary secretion, and improves the morale.

A CASE OF SEPTIC INFECTION.

BY J. W. SMITH, M. D., CHARLES CITY, LA.

It is not every medical man that lives to report his own case of septic infection. Monday, A. M., Nov. 22d, 1880, I was asked by the physician doing the poor business in the city, if I would call and see a poor woman who seemed likely to flow to death. As an act of mercy, I went at once. Two days before I had in some unknown way received a very slight scratch near the ma-

1 N. Y. Med. Record, 1871, p. 164.

2 Lancet, June, 1870.

3 Lancet, May 4, 1872.

4 Boston Medical and Surgical Journal, Jan. 26, 1871.

5 By letter.

6 By letter.

7 Phila. Med. and Surg. Reporter, Nov. 9, 1878.

1 By letter.

2 Gaz. des Hopitaux, 1869, p. 582.

3 Du Chloral. Bull. de Therap., 1870. T. 2, p. 330.

4 Louisville Med. Journal, June, 1872.

5 Bennett. Edinburgh Med. Jour., June, 1870.

6 Gaz. des Hopitaux, March 20, 1880. N. Y. Medical Record, Nov. 27, 1880.

trix of the nail to the middle finger of my right hand. I chose not to use that hand, but the position of the bed made it necessary, unless the bed or woman was moved, to which she objected. I therefore used that hand, removing a portion of a small horribly putrid placenta from partly within the uterus. The woman was saved. I felt troubled, washed with water, solution of persulphate of iron, and, when at my office, with carbolic acid and water, equal parts.

The afternoon of the 23d, a slight pain began in the right axilla, and gradually increased. It was several hours before the septic cause occurred to me. During the night the pain changed from the axilla to the elbow and wrist. The 24th there was a red line from the middle finger to the axilla, broader at the elbow and tender along its course, finger and limb slightly swollen. Within a few days the line disappeared, except at the elbow, where the swelling and pain increased until Dec. 4th, —twelve days—where an abscess was opened between the olecranon process and the outer condyle of humerus, containing a dram or two of healthy looking pus. The pain and soreness were but slightly revealed. Cosmoline and stramonium ointment only were applied most of the time up to Dec. 12th, when daily, one or two weak warm alkaline baths were given to the elbow.

Dec. 16th, a second abscess was opened within one inch of the former one. For a few days, while in the ley bath, a clear, viscid fluid, like synovia, flowed from each opening.

December 19th, a ground slippery elm poultice was applied, and removed several times within twenty-four hours. After that the former dressings were continued, the pain and soreness gradually ceased, and by the 27th—thirty-five days—the two incisions were nearly healed and the limb could apparently be used as well as ever.

REMARKS.

I am fifty-six year of age. To my good general health, habits and careful hygienic management I largely attribute the favorable result. The first two days a little salicylic acid was taken—partly to please my friends—but no other drugs. The poison seemed confined to the right arm, scarcely affecting the general condition at any time, and centered at the elbow, the suppuration evidently being some of the lymphatic glands in that region. While a physician often has take his life in his hand, in septic poisoning, prevention is better than cure.

ACASE OF ACUTE FATTY EMBOLISM OF THE LUNGS.

BY L. A. CLAUSSEN, M. D., BEATRICE, NEBRASKA.

Former House Surgeon, Cook County Hospital, Chicago.

Patient's name, Weaser; nationality, German; age, twenty-five; single; temperate in habits. His health had always been excellent. On Tuesday, December fourteenth, riding horseback the horse ran away with him. The horse ran against a tree in such a way as to swing the pelvis against the tree, and to strike the thigh between the horse and the tree. Diagnosis: Fracture of thigh. He was brought in a wagon four miles to Beatrice. Was dressed in a Hodkens splint. After the splint was put on he felt comparatively easy. On the fifteenth, sixteenth and seventeenth he felt perfectly easy, with the exception of a little pain under the heel. By clipping the bandage and putting some cotton under the heel, on the morning of the seventeenth this pain also was removed. On the afternoon of the seventeenth and forenoon of the eighteenth he rested perfectly easy and read some books for his amusement. He slept tolerably well every night.

Between eleven and twelve A. M. on the eighteenth he laid aside the book he had been reading, and said that he felt queer, and complained of headache and dizziness. Shortly after, his pulse was one hundred and twenty; temperature, one hundred and one and a half, and respiration thirty. During the afternoon and following night he became delirious—breathing continued to be rapid. Examination of lungs and heart revealed nothing abnormal except the rapidity of action.

The next morning (nineteenth) he complained of inability to pass his urine and of excessive pain over the bladder; on evacuating the bladder of normal urine, he was again easy. Appeared rational; temperature one hundred and two and a quarter; pulse one hundred and thirty-five; respiration thirty-six. After the urine had been drawn he gradually became drowsy. At about six o'clock he again complained of pain in the bladder. After drawing the urine he almost at once fell into a profound sleep. Temperature one hundred and two and a half; pulse one hundred and forty; respiration forty-six; lungs and heart normal. The temperatures were taken in the axilla. From this last sleep he never awoke. He died at about two A. M. to-day, December twentieth, 1880.

POST MORTEM.

Heart natural; contained a large fresh fibrinous clot which stretched from the heart into the lungs as far as it could be followed, and a long string of this clot was drawn out from the pulmonary arteries. The lungs, with the exception of being slightly darker than usual, appeared to be healthy. The bronchial tubes showed no signs of bronchitis or any other trouble. The liver, spleen and kidneys showed nothing abnormal. The right os innominatum was broken from the symphysis pubes through the body of the pubes through the acetabulum into the great sacral notch.

The head of the femur could be felt to rotate through the fracture. The tissues covering the pelvis in that portion were infiltrated with blood, but there were no signs of inflammation. The femur was fractured at the junction of the middle and lower third.

Thinking this possibly a case of fatty embolism, I sent to Dr. Chr. Fenger, of Chicago, specimens of the diseased lung from different portions, and he reports as the result of his microscopic examination as follows:

DR. FENGER'S REPORT.

We find in every portion of these specimens a great number of the small arteries and of the capillaries filled with fluid fat, showing in some parts a perfect injection of the capillaries of the inter-alveolar tissues, often enough to make the capillaries protrude into the air cell, as is shown in figures I and II of a paper by Dr. Chr. Fenger and Dr. J. H. Salisbury, on Diffuse multiple capillary fat embolism of the lungs and brain. (Published in the Chicago Medical Journal and Examiner, for December, 1879.)

This is one of those rather rare and interesting cases where a subcutaneous and uncomplicated fracture unexpectedly proves fatal, a result which unfortunately could neither have been anticipated nor prevented, because the peculiar conditions under which it occurs are unknown.

Theoretically it may only be urged, in way of prophylaxis, that a fracture kept absolutely immovable, might be less liable to result in fatty embolism, but it must also be confessed that even in the most scrupulous immobilization of the fragments this fatal accident has sometimes been known to occur.

CORRESPONDENCE.

NEW YORK LETTER.

NEW YORK, DECEMBER 30, 1880.

THE CARTWRIGHT LECTURES.

In the fifth lecture of the course Dr. Bartholow took up the subject of the antagonism between the action of remedies and the symptoms of diseases. He first considered the treatment of paralysis by strychnia as originated by Majendie and modified by recent observation. Strychnia exalts the reflex function of the spinal cord, increases the arterial tension and stimulates the cardiac and respiratory functions. In cases of functional and reflex paralysis in which the changes in the cord are slight, and are often due to anæmia of the cord, strychnia is of great value. Diphtheritic paralysis is a type of the functional paralysis antagonized by the drug. When hyperæmia of the cord is suspected it is contraindicated. As a cardiac and arterial stimulant, strychnia is also of value in cases of exhausting hemorrhage, and has been used by Dr. Fordyce Barker to arrest post partum hemorrhage, with success.

The resemblance between the symptoms of strychnia poisoning and tetanus indicates that the antagonists of strychnia may be used in tetanic spasms. Six remedies have been used with success in tetanus, viz.: Chloroform by inhalation, chloral, nicotine, bromide of potassium, physostigma and gelsemium. They all agree in their power to diminish the reflex function of the spinal cord, and to oppose the exaggerated reflex sensibility, and are therefore well chosen as antagonistic remedies.

In epileptiform convulsions, some agents that have a similarity of action, and some that have an antagonistic action, are employed. Of the first class picrotoxine is a representative. It stimulates the spasm center; but as inhibition results when two impressions coming from different sources are made simultaneously on the spinal cord, the result of excitement of the spasm center by the disease and by the remedy at once is a suspension of its action and consequent arrest of the convulsion. Of the second class bromide of potassium is an example. It acts by allaying the irritation of the spasm center, and the best index of the production of a sufficient effect in cases of epilepsy is the condition of the facial reflex, as that shows the condition of the spasm center.

A good illustration of antagonism between remedies and symptoms is afforded

in the administration of amyl nitrite to avert an epileptic spasm. Its inhalation produces dilatation of the arterioles, a flush replaces the pallor which accompanies the beginning of the convulsion, and the seizure fails to occur. In many nervous diseases characterized by spasms, such as chorea, asthma, paroxysmal cough, laryngismus stridulous, etc., the remedies which allay irritability of the nerve centers—viz., chloral and the bromides, are indicated by the principle of antagonism. The same principle holds good in the treatment of pain. In this sensation there are three stages, peripheral irritation, transmission of sensation, and conscious perception. Pain may be antagonized in any one of these stages, especially in the last two. Aconite, gelsemium, and local anæsthetics prevent the transmission of the impression. When a few minims of chloroform are injected into the neighborhood of a nerve trunk its peripheral transmission is made anæsthetic and analgesic. This discovery has been applied in the treatment of neuralgias with much success. The needle must be inserted deeply so that the drug comes in contact with the nerve trunk. The conscious centers are acted upon by anæsthetics, or by morphine and atropine combined, and thus pain is antagonized in the last stage of its reception. Mental states dependent on changes in central circulation are affected by agents which control the flow of blood in the brain. Thus insomnia, excitement with illusions and motor activity are controlled by chloral, gelsemium, hyoscyamia, conium, etc. Acute central congestion is antagonized by arterial sedatives, such as aconite, veratrum viride and bromide of potassium, while anæmia is removed by strychnia, atropia, quinia and other excitants.

The most exact antagonism exists between cardiac remedies and diseases. Excessive action of the heart may be due to a diminished inhibitory action, in which case galvanism to the pneumogastric, digitalis and ergot, which increase the inhibition and vascular tension, are indicated. On the other hand an excess of inhibition is antagonized by aconite, and a paralysis of the accelerator ganglia by stimulants such as atropia. The most important antagonist to states of cardiac depression, is digitalis. It slows the heart by lengthening diastole, stimulates the heart muscle, and by increasing vascular tension increases the amount of blood sent by the recoil into the coronary arteries. In mitral lesions it is especially

indicated. But whenever it is given, small doses are to be used, as large doses, or long continued doses, exhaust the nervous apparatus which it is desired to stimulate. In fatty hearts it is contraindicated by the increase of arterial tension produced, which throws additional labor on the heart.

The use of ergot in aneurism is strictly in accord with the principles of antagonism, since it contracts the artery, increases tension, and slows the heart, all of which actions favor the deposit of a clot in the sac. In the arrest of hemorrhage the most efficient remedies are those which antagonize the existing condition, e. g., ergotine injections in pulmonary hemorrhage, and bromide of potassium in menorrhagia. The application of cold and heat is based on the same principle. Cold causes prompt contraction of arterioles followed by relaxation; while heat produces relaxation followed by contraction which is more energetic than that produced by cold.

In conditions of exhaustion of the respiratory function from any cause, strychnia and atropia are the stimulants to be employed, and in pneumonia attended by labored respiration and exhaustion, they may be employed with decided benefit.

The antagonism between opium and various intestinal diseases in which rest of the bowel is needed was then noticed, and the lecturer closed by contrasting the action of certain remedies on the skin and on the kidneys as indicating an antagonism between remedies and symptoms. The skin and kidneys being to a certain extent complementary it was shown that drugs which excite one to action may suspend the function of the other.

Pilocarpine and atropia were cited as exerting opposing action upon the glandular secretions generally, and consequently are used in diseased conditions of the gland. In vesical irritation the cause must be determined before the antagonist is sought. If there is relaxation of the sphincter, belladonna and ergot are appropriate. If it is due to intolerance of the mucous membrane, bromide of potassium and alkalies are needed. If the muscular coat is irritable gelsemium, conium or chloral would be physiologically antagonistic.

In the last lecture of the course Dr. Bartholow considered the principle of antagonism in reference to the treatment of constitutional states. He affirmed that the most successful therapeutic measures are those which are applied in accordance with

the theory of antagonism. Taking up first the condition of inflammation, he described the pathological changes in general in an inflamed part, and the three natural stages of such changes, viz.: first, a condition of congestion in which there is diminished arterial tension, increased movement of the white corpuscles, with a tendency to emigrate, and increase of the oxidation process; second, a process of exudation; third, the absorption of the exudation. The variety of the processes indicates that inflammation is not antagonized by a single remedy, but it also suggests that successive stages may be successively met as they arise. In the first stage there are several antagonists; the indication being to increase arterial tension, lessen corpuscular movement, and decrease the oxidizing function of the blood. To accomplish this, quinine and morphine combined are the most potent agents. If used at the right moment they will suppress beginning inflammation. Many authorities testify to this fact, but successful cases are necessarily somewhat doubtful. If negative cases are considered it is found that failure is due to the use of the remedies at an inopportune moment. Their physiological action when combined, in increasing the tone of the vessels, and in checking amoeboid movements, indicates their use. Quinine alone is a poison to all protoplasm—a fact which offers the probable explanation of its action in malarial fevers—when given in sufficient dose. It also lessens the oxidizing power of the blood corpuscles, thus checking those changes which produce heat, and lessening the production of waste products, and hence diminishing the amount of urea excreted. Morphine diminishes the frequency of the heart and the arterial tension. Hence both act together to antagonize the first stage of inflammation. Other agents which produce similar results are digitalis, aconite and veratrum viride. But they are inferior to quinine and morphine; digitalis acting slowly at a time when prompt effects are required; aconite being indicated only when the heart power and arterial tension are excessive, veratrum viride being always inferior to aconite while acting in the same way. To antagonize the stage of exudation, a stage in which the earlier remedies are useless, chloral and the alkalies are indicated. Chloral has considerable power to dissolve exudations, but is most effective before a complete stasis of blood occurs in the part. It is to be given in small doses,

repeated every two hours, and is best combined with atropia in order that the action of the heart may not be weakened. Of the alkalies which also check exudation the best preparation is ammon. carbon., dissolved in liq. ammon. acetatis, and this may be alternated with the chloral in the second stage of inflammation.

During the absorption of the products of inflammation the general indication is to antagonize the weakened heart and the relaxed vessels, and for this purpose quinine and digitalis are the best agents.

The antagonists of fever were next considered. The rise of temperature may be due to an increased production of heat by the process of oxidation, or to a diminution in the process of radiation of heat; most probably to both combined. Before considering medicinal agents, attention was directed to the discovery of the lecturer that perfect repose had the effect of diminishing temperature. Rabbits and dogs have exhibited a decline of temperature of from one to three degrees when confined in an immovable position. The natural fall of temperature in the human body occurring about four A. M. was ascribed to the perfect rest of the night. This indicates the necessity of absolute rest during fever. To affect the reduction of heat several drugs may be used. Of these, quinine is the most potent, as all writers on antipyretics are obliged to admit. It has the greatest power to reduce temperature with the minimum of evil effects. In order to produce this result it must be given in doses not less than twenty grains. Its good effects in fevers of all kinds not malarial, are dependent upon its effects in reducing the temperature. It has no specific action. In malarial fevers it may also act as a germ poison.

Salicylic acid ranks next to quinine as an antipyretic when given in large doses. Sixty grains are necessary to cause a fall of temperature. This fall occurs about half an hour after the drug is given, and is coincident with the profuse diaphoresis which it causes. Its effects remain for six hours. It is especially serviceable in the hyperpyrexia of acute rheumatism. Resorcin, a new antipyretic and antizymotic is probably destined to come into general use. It is non-irritant and may be given hypodermically. The antipyretic dose is grains lx. It produces an increased action of the heart, decrease of arterial tension, diaphoresis and then a lowering of the temperature, which is decided and of considerable duration.

Digitalis has been used as an antipyretic, but is slow in its action and irritating to the stomach. In scarlet fever, however, it is indicated, since it strengthens the weakened heart, increases the tone of the relaxed capillaries, and promotes the action of the kidneys, thus antagonizing the most dangerous of the symptoms of the disease. *Aconite* and *veratrum viride* are antagonistic to certain symptoms of dynamic fever, viz.: increased arterial tension, and increased heart action, but are not directly opposed to the production of heat. The use of cold in the form of baths, wet packs, injections of ice water, or application of ice bags was then described, and its success in the treatment of fever commented on. In the treatment of all fevers where the temperature is the important symptom, the use of cold is indicated.

The remainder of the lecture was devoted to a mention of some constitutional poisons which had been treated in a few cases by supposed antagonists; viz.: hydrophobia by woorari, and diphtheria by pilocarpine; and to a review of the conclusions reached in the previous lectures.

LONDON LETTER.

LONDON, DECEMBER 15, 1880.

I have allowed a longer time to elapse than I hoped and intended since writing my last letter, but will endeavor to make up for the delay by giving you a short summary of some of the most interesting contributions to medical progress and discussion which have been made in this country through the period which has elapsed since I last wrote you.

EPILEPTIC CONVULSIONS.

A notable surgical case brought before the Clinical Society by Dr. Lees and Mr. Bellamy, in which a boy, subject to epileptic fits, was trephined on indications afforded by Dr. Ferrier, our leading authority on the localization of cerebral symptoms, on a spot rather low down in the fissure of Rolando, as the centers involved seemed to be those of the arm and hip and not of the leg. Twenty-four hours after the operation the fits ceased for a period of eight weeks. They recurred again at later intervals, but with very much less severity; symptoms of hip disease set in which eventually necessitated amputation.¹

THE CONTAGIOUSNESS OF TYPHOID FEVER.

The question of the contagiousness of

typhoid fever is one which has been discussed recently in this country. It had for a long time been maintained by Murchison and by the great mass of British observers, that typhoid fever is not contagious from person to person, but only communicable by the excremental discharges of the body. On this basis cases of typhoid fever have been and are admitted into all the British hospitals and mix with other patients, and on the whole, the result has been to lead to the belief that such a practice is innocuous. At the Fever Hospital, Dr. Murchison stated that 14,000 cases of typhoid fever had been admitted, and alongside of them many thousand cases of pneumonia, acute diseases and fevers of other kinds, and in no instance had typhoid been communicated to any resident patient. The chief opponent in this country of that view has been Dr. Cottie, resident physician of the Homerton Fever Hospital. Dr. Cottie's views have, however, lately found many supporters, and during the last month papers have been published by Drs. Sharkey, McNeill and Donkin, which seem to prove pretty conclusively that typhoid fever must be classed as one of the contagious fevers. While on the other hand, Drs. Low and Metcalfe have at the same time brought forward cases which make against Murchison's other favorite belief in the absolute and exclusive specificity of typhoid fever and its non-occurrence from spontaneous putrefaction of animal matter. In the four cases given, one patient sickened with typhoid soon after suffering from the foul odor of putrefied hide, and in the third and fourth, from eating putrefied meat. Mr. Metcalfe, the resident medical officer of Norfolk Island, communicated to the British Medical Journal a case of typhoid occurring on the Island, 400 miles away from the nearest land, and certainly fifteen months, probably more, after any fever had occurred on the Island, and then attacking one person.

THE INFECTIVENESS OF PHTHISIS.

A disease, concerning which the infectiveness is being now much discussed, is phthisis. The question of the infectiveness of phthisis is one which deeply concerns family relations, and has a social importance at least as great as its medical interest. At the Consumption Hospital at Brompton, there is a vast field for observation. I forget how many thousand patients a year are placed there, but it is large enough to require a staff of sixteen physicians. Dr. R. E. Thompson has investigated the infec-

(1) *Medical Times*, page 487, 1880.

tiveness of phthisis in the case of 25,000 persons, whom he has had the opportunity of seeing there during the course of ten years in his practice as outpatient physician. He especially dwells upon cases of wives affected by husbands; in these cases the element of hereditariness and blood-relationship are excluded, while the association of the wife with the sick husband is so intimate and so constant, that it is precisely in these cases that phthisis, if communicable, is likely to pass from one to the other. He notes fifteen well-marked cases of the kind in about 15,000 phthisical patients, an average of one per cent. He considers, however, that in all these cases the symptoms point rather to the condition of pyæmic poisoning, or infected pneumonia than from phthisis, and this opinion formed by Dr. Thompson of the clinical symptoms was confirmed by our ablest histological pathologist, Dr. Klein, F. R. S., of St. Bartholomew's hospital, in the post-mortem examination of one of these cases made by him for Dr. Thompson. The conclusion to which this research points is, that phthisis is capable of setting up in the person brought into immediate contact with the phthisical patient an infective pneumonia or ulcerative process, capable of giving rise to pyæmia, and that it is in this limited way that it may be easily spoken of as being infective or contagious. This conclusion seems to be as rational as it is scientific, and to be well known by Virchow, Cohnheim and Vollinger, when compared with the clinical and post-mortem evidence.

NEPHROTOMY AND NEPHROLITHOTOMY.

Surgically the most important series of operations brought forward, have been cases of nephrotomy and nephrolithotomy, of which three have been recorded during the last month; one by Mr. Morris, a case in which a real calculus was cut down, opened and removed from the kidney by an oblique lumbar incision. The patient, a servant girl aged nineteen, had suffered from severe attacks of hæmaturia and right kidney pain during eight years. There was at the time no swelling, but acute recurrent nephralgia. A hard substance was felt near the hilus. It was cut down upon, the calculus felt and turned out with the finger, with little or no blood, and the patient made a rapid recovery. Mr. Clement Lucas and Mr. Golding Bird reports also cases of nephrotomy of a very interesting character. In the latter the kidney was cut into after nephrotomy had twice been

performed ineffectually for supposed stone in the bladder, and the incision in the kidney was equally ineffectual in discovering stone in the kidney. Nevertheless it was successful in so far as the patient ceased to suffer pain, and is now quite well. The first case of nephrotomy yet performed in France was reported this month at the Academy of Medicine by Mons. Lefour. French surgeons are now far in the rear of modern science, and as great a clucking was made over Mons. Lefour's unsuccessful case as if it had been the greatest achievement of surgery and an entirely novel and great discovery on his part. The patient died in forty-eight hours. Nevertheless great credit was given to M. Lefour for his pluck and skill in performing an operation of which there are now forty or sixty examples in surgery, in the last three or four years.

EPITHELIOMA OF THE TONGUE.

An active discussion has been going on in the Surgical Society of Paris on the worthlessness of all medical proceedings and applications in epithelioma of the tongue and the advisability of early resource to extirpation of the growth. All were agreed on this subject, although it was stated that general practitioners are by far too willing to try every sort of palliative until the glands in the floor of the mouth are allowed to become infiltrated and the tissue of the tongue affected; when operations becomes almost hopeless or at least much less effectual. Prof. George Buchanan, of Glasgow, brings forward* the report of a case in which he removed the lateral half of the tongue affected with epithelial cancer in 1865. The patient is at the present moment in good health, suffers no annoyance from the loss of the tongue, being quite intelligible, though of course defective.

Among medical contributions of interest may be mentioned some examples brought forward by Mr. Finch of the successful treatment of hæmophilia by blood letting. In the first case a stout woman between fifty and sixty years old was seized with sudden bleeding from the nose, which could not be stopped after forty-eight hours continuous treatment. The effect of relieving blood pressure by brachial venesection was instantaneous and the cure permanent. Two other cases like this, with well-marked history of hereditary tendency to bleeding and with hemorrhagic diathesis, were similarly treated with equally satisfactory re-

*Lancet, 1880, page 650,

sults. Dr. Harkin, of Belfast, who is the apostle of chlorate of potash, brings forward a number of cases to prove the value of this drug as a hemostatic agent, especially in hæmophilic epistaxis. He prescribes 25 grains of chlorate of potash in an ounce of water three times a day; add in some cases full dose of the tincture of sesquichloride of iron. Chlorate of potash is alike crowded out by the great variety of new remedies constantly brought forward, but it is of such great therapeutic value that it cannot fairly be forgotten.

THE ALKALOID OF THE GARDEN TULIP BULB

Our two most active therapeutists are Dr. Sidney Ringer and Dr. Murrell, who are constantly engaged in the investigation of the action of remedies. Dr. Ringer has been experimenting with the alkaloid extracted from the bulb of the garden tulip. He gets a grain of nitrate of tulipine from a pound of the plant. He finds it to be a drug acting like veratria, but less strongly affecting the muscles like veratria. It probably affects the afferent nerves. Its medical uses are, on the whole, very doubtful.

THE TREATMENT OF CHOLERAIC DIARRHŒA BY HYPODERMIC INJECTION OF MORPHIA.

Mr. Hardman says that in the whole range of medicine there was nothing so gratifying to patient and practitioner as the injection of hypodermic injection of morphia in choleraic diarrhœa. On the other hand Dr. Irving and Mr. McDowall declare that the treatment has been used, abandoned and returned to over and over again. Perhaps the dissolution of this difficulty is to be found in the most careful discrimination of the case, the nature of the cause of the diarrhœa and the stage of the complaint. A good formula for hypodermic injection of morphia is a great desideratum and this is supplied by Mr. Martindale, a very intelligent and scientific pharmaceutical chemist, as follows, the formula is very reliable: $\mathcal{R}$ Morphia (pure alkaloid), 45 grains; dilute acetic acid, 4 drachms, or q. s.; diluted water q. s. Add the morphia to the acid in an ounce phial, and digest at 80° to 100° Fahr.—on a mantel-shelf will do—for twelve hours; if not all dissolved add a drop or two more acid, carefully avoiding excess, then filter in a graduated measure, washing the filter with distilled water, so that exactly six fluid drachms are measured. One grain of acetate of morphia will be contained in six

minims. By coating the stopper with paraffin wax before putting it into the bottle, no crust is found at the neck.

COLLECTION OF DATA AT AUTOPSIES.

MARBURG, PRUSSIA, Nov. 26, 1880.

DEAR SIR,—In No. 4 of the 2d Vol. (20th August, 1880) of the "Chicago Medical Review," which you have kindly forwarded to me, you have, on page 364, reproduced an abstract of N. H. P. Bowditch from my anthropometrical researches, which has been first published in No. 3 of the 1st Vol. of the Transactions of the Massachusetts Medico-Legal-Society.

In this abstract I find, owing very likely to a misunderstanding of the German expressions, some errors, which I beg to ask you to correct in one of the next numbers of your valuable journal by publishing this letter.

Ad. I. To be read: "Before the period of puberty the aorta is smaller than the pulmonary artery; after this period the relation begins to be reversed, and in older age the aorta is always larger than the pulmonary artery."

Ad. II. To be added: "But relatively to length of body there is scarcely any difference between the circumference of the arteries in both sexes, whilst the heart in females absolutely as well, or relatively is a little smaller, than the heart of males."

Ad. III. To be read: "In adult females, it seems, the reverse is the case."

Ad. IV. To be read: "In men the volume of the kindeys is nearly equal to that of the heart; in children it is greater."

Ad. VIII. "The cancerous diathesis is in the majority of cases associated with a large and powerful heart, etc., etc."

Ad. X. "In constitutional rachitis the heart is generally large and well developed, also the arteries are large."

I should like to add one of the most important results of my researches, namely, that the arteries of the human body in relation to length of body are very large in children; that they get smaller and smaller toward the age of puberty; that they have the smallest circumference at the age of puberty; that they begin to widen a little after the age of puberty; and that they show again a very large circumference at older age.

It seems to be very desirable that these anthropometrical researches should be undertaken on a great scale, as they are of

great importance for physiology as well as for pathology. The first requirement, however, will be, that they are executed with the greatest accuracy to obviate errors, and to accumulate a great number of observations before drawing conclusions.

I have written to Dr. Bowditch in the same sense, as contained in this letter.

Believe me, dear Sir,

Yours, very truly,

PROFESSOR BENEKE.

The Annual Meeting of the Illinois State Board of Health will be held at Springfield, January 12, 1881.

DR. MORELL MACKENZIE, writes from London respecting our notice of his book, as follows:

"DEAR SIR,—In thanking you for your favorable notice of my book, will you kindly permit me to remark that "Adenoid vegetations of the post-nasal space" (the omissions of which you refer to) will be treated under "Diseases of the Naso-Pharyngeal Region" in my second volume, now in course of publication."

PHARMACEUTICAL.—A convention of druggists was held on the seventh and eighth ultimo, at Springfield, in this State, with a view to the organization of an Illinois Pharmaceutical Association, and to the adoption of a pharmacy bill to be submitted to the Thirty-second General Assembly now in session. The meeting proved a success in its every object. The main features of the proposed law were briefly sketched in a late number of the Review.

THE AMERICAN MEDICAL BI-WEEKLY.—This journal, which was formerly published in Louisville, Ky., and which had nearly reached the close of the eleventh volume when the severe and protracted illness of the editor, Dr. E. S. Gaillard, compelled its temporary discontinuance, is now, on his entire recovery, restored to its position among the medical journals of this country. The Bi-Weekly is now published in New York. The first number of volume twelve has been received. It is now a double column journal, larger than the old Bi-Weekly, and published at \$1.00 a year.

REVIEWS.

ON THE BILE, JAUNDICE AND BILIOUS DISEASES. By J. Wickham Legg, F. R. C. P., Lecturer on Pathological Anatomy at St. Bartholomew's Medical School. New York: D. Appleton & Co.

Many who have read and some of those who have reviewed this book, have been led into premature condemnation by its title, as seemingly incongruous and imperfect. But after a thorough perusal we must admit that the title is well chosen, and that under the three terms of the title are discussed three subjects which should be considered together. In fact, we have rarely met with a modern medical work in which the unities were so well maintained as in this one. It appears to us a sign of the degeneracy of medical book reviewing that so much of the criticism devoted to Dr. Legg's treatise has been devoted to non-essentials. The reviewer of the Philadelphia Medical Times, for example, has absolutely nothing to say beyond a diatribe against the dedication of this book. It happens that Dr. Legg has been unfortunate enough to dedicate it to a royal prince, and that in addition he has done this in very humble, not to say abject, language. This fact has furnished the reviewer in question with material for a whole column of the periodical referred to, and thus he opens and thus he closes his review. We have torn the dedication out and find it a very good book, meriting some notice beyond the review of its title page, to which the Philadelphia Medical Times limits itself.

Four chapters are devoted to the Chemistry and the Physical Properties of the Bile; then the writer leads us through three further chapters in search of the origin and office of that fluid; and in the eighth chapter illustrates the action of drugs on the latter. The tenth chapter is devoted to a history of the word jaundice, as well as to the etiology of that symptom, and in the sequel are discussed the functional disturbances of the liver found with jaundice, and the general therapeutical indications which they furnish. The last half of the work deals with the different varieties of jaundice and their pathological anatomy.

After a discussion on the various experiments performed by physiologists, in which the writer shows a good acquaintance with the teachings and results of past and contemporary physiologists, he sums up our

knowledge of the functions of the bile in the following words, which we quote, as they fairly exemplify what we actually know on this head: "It cannot be looked upon solely as an excrement, for it has been shown that deep changes in nutrition follow its diversion from the body. There is no evidence that it is necessary for the completion of the process of digestion in the stomach or intestines; indeed it may be said by some physiologists that it does harm to the process in either viscus. The view that it acts as a sort of a natural purge has little against it; but at the same time there is but little in its favor. As to the power of the bile in arresting putrefaction, it would seem that it must be small, if, as soon as it arrives in the intestine, it begins itself to undergo putrefactive changes. The view that the bile neutralizes the acid of the chyme must fall with the establishment of the fact that the bile is not alkaline but neutral in reaction. The only office that remains to it is that of emulsifying fats, a property known to the Greeks 2,200 years ago, and of changing starch to sugar. It is melancholy to find that in so many years nothing more is known with certainty as to the uses of this long-studied humor."

Many will object to the author's consideration of jaundice as a pathological entity, and insist that it is merely a symptom. But the method of inquiry adopted by Dr. Legg is, nevertheless, a very useful one, for after all, in practice, it is the symptom conglomerates of jaundice and of biliousness so-called which require analysis in our patients. As Dr. Legg remarks, one is unable in many cases to make any positive statements about the actual state of the liver with these conditions.

The perusal of this work is calculated to give the student as full an idea of the pathology of the liver as any work extant. It begins with the rational signs of liver disease, then proceeds to the physical signs, and finally exposes the pathological basis so far as known. This is eminently logical, practical and useful. He, who like Dr. Legg, leads his pupil from that which can be seen to that which can be scientifically inferred, does that pupil a far greater service than he who endeavors to override the untutored mind with a host of theoretical and abstract pathological conceptions before leading him to the bedside. The literature, unlike that which figures in the first notes of most modern literary productions, is

really at Dr. Legg's fingers' ends, and not copied from Virchow's *Jahresbericht* and Schmidt's *Jahrbuecher* or Braithwaite's *Retrospect*. Consequently our author has unearthed many valuable practical observations, running back some of them to Hippocrates, Galen and the elder Franck, and many of which had been buried almost unknown even in Heberden, Budd, Frerichs and Bright.

The style is excellent; notwithstanding its seven hundred pages, the work is one of those that can be read at a sitting. Illustrated as it is by some excellent and well-selected plates, it will constitute not only a valuable treatise for the student's perusal, but also an ornament for the physician's library.

OPHTHALMIC AND OTIC MEMORANDA, by D. B. St. John Roosa, M.D., and Edward T. Ely, M.D., New York: Wm. Wood & Co., 1880. W. T. Keener, Chicago.

This pocket edition of about 300 pages is intended by the authors as a kind of dictionary on the structure and the diseases of the eye and ear. They claim that it is a concise and highly condensed outline of our present knowledge. As an effort at condensation, it is certainly a success. With the exception of some anatomical details, and many more recent therapeutic developments, this little volume really refers to nearly everything to be found in large volumes; in fact, it might serve excellently as an index to voluminous handbooks. But we fail to see what class of readers is to be benefited by the purchase of the book. Students should certainly avoid the habit of consulting such epitomes, no matter how thorough, for cramming purposes. The authors themselves modestly hope that it will never be used to acquire a primary knowledge of the topics it treats of. And the busy practitioner, who is less familiar with diseases of the eye and ear, while he may use the book when very severely pressed for time, wants certainly a fuller guide for differential diagnosis, and cannot well utilize the rest of the contents. No matter how correct this book may appear to an expert, it is too insufficient in description to be a safe guide for treatment. Chapters like the one on refraction and accommodation can be understood only by one who has no longer any need for such a compendium. The publishers, however, have done everything to give the book a good appearance.

WHAT TO DO FIRST IN ACCIDENTS OR POISONING. By Charles W. Dulles, M. D. Philadelphia: Presley Blakiston, 1880; Jansen, McClurg & Co., Chicago. 50 cents.

This little primer is supposed to contain the recipes for conduct in most ordinary emergencies or accidents. Some of them are almost ludicrously complete; such for example as that which advises in case of drowning, the removal of the person from the water, though the author himself evidently sees the point in this case, and addresses himself to the phenomenal idiots who happen so frequently to be about in such emergencies. Others are altogether too brief, though perhaps the author is on the safe side in this respect also. There are certain emergencies, not commonly, but occasionally met with that are not mentioned, and we think, indeed, that even a few simple obstetric memoranda might have been added with advantage, if it was intended that the book should cover all the accidents we read of. In one or two places, good advice that might have been given is omitted. For example, in speaking of the transportation of injured persons, nothing is said as to whether the bearers should keep step or not. In some of the points we have mentioned, the volume might be usually supplemented by an appendix entitled, "What to do next."

A PRACTICAL TREATISE ON NASAL CATARRH, by Beverly Robinson, A.M., M. D., (Paris). New York: Wm. Wood & Co., 1880. W. T. Keener, Chicago.

This is the second work on its special and rather limited subject that has appeared within the past two months, and in our opinion the better of the two. The ordinary acute nasal catarrh is one of the most annoying and common of our minor ailments, and the one that is generally deemed most hopeless for treatment, the average sufferer usually knowing of no other way than to let it run its course. Chronic nasal catarrh is too frequently a consequence of this policy, and it is unpleasant enough to make anything welcome that shows how it may be relieved or prevented. This book ought, therefore, to be extremely serviceable to the practitioner. It is pleasantly and sensibly written, and quite full in its details of treatment, especially so in its illustrations and descriptions of instruments. X.

THE MEDICAL RECORD VISITING LIST OR PHYSICIAN'S DIARY. Wm. Wood & Co., New York.

This is not very unlike the well-known and long-popular visiting list of Lindsay & Blackiston, of Philadelphia. It is, however, in some respects a better arranged and better made book. We have selected it from the entire list for our private use as being, all things considered, the best arranged book of its kind.

THE ART OF PROLONGING LIFE, by Christopher William Hufeland, edited by Erasmus Wilson, M. D., author of "A System of Human Anatomy," etc., etc. From the last London edition. Philadelphia: Lindsay & Blackiston, 1880; Jansen, McClurg & Co., Chicago.

The last London edition, which is followed by the editor in this volume, is that of 1794, nearly a century ago. The work cannot, therefore, be regarded as an addition to modern medical or popular literature. It will doubtless, however, be new to most of its modern readers, and is especially interesting as showing how nearly the ideas of hygiene of that period agree with those of the present day. Common sense is never out of date, and this volume contains a large amount of this useful commodity. It is a popular medical work, and, considering its date, it is a little astonishing how scientific it is. We commend it to our readers and the public.

WALSH'S PHYSICIAN'S COMBINED CALL-BOOK AND TABLET, from 18— to 18— Fifth edition. Published by Ralph Walsh, M. D., Washington, D. C.

WALSH'S PHYSICIAN'S HANDY LEDGER. A companion to Walsh's Physician's Combined Call-Book and Tablet.

The first of these is in the ordinary form of physician's visiting lists, but contains, in addition to the usual calender and dose lists, a number of useful memoranda for ready reference, such as the number of drops in a fluid drachm of the various preparations, the diagnostic points in urinary examinations and the usual tests, memoranda for legal examinations, tables of maximum doses to be used with safety, list of poisons and antidotes, disinfectants, list of important incompatibles, obstetrical table, etc., etc. It also contains the fee-bill adopted by the Chicago Medical Society in 1875. Another peculiarity of the book, which may be deemed an advantage by

some is, that it is not adapted to any special year.

The Handy Ledger affords a very simple and convenient method of keeping physicians' accounts. Together, they form as complete and convenient a set of books as will be required by the business of a very large majority of practitioners, and they probably will be deservedly popular.

HYGIENE AND TREATMENT OF CATARRH.—

Hygienic and Sanative Measures for Chronic Catarrhal Inflammation of the Nose, Throat and Ears. Part I. By Thos. F. Rumbold, M. D. St. Louis: George O. Rumbold & Company. 1880.

In condemning a book it would be unjust to overlook its good qualities. The above work really has some of them. It is intended as a guide for catarrhal patients. We do not know of any other work which fills this void at all, and a *small* book of this kind may no doubt be useful to many sufferers. To do justice to this work we must admit also, that it is not intended to, and in fact does not encourage patients to treat themselves. It contains merely that advice which the physician should give to ignorant patients (and there are few that are not ignorant) as regards their mode of living. This good purpose, however, is foiled by too great a verbosity (170 pages), and a pedantry which borders on the ludicrous. Moreover the dogmatic style, applied even to points of treatment which the patients would institute only on special medical advice, will prevent physicians from recommending the book to their patients, unless they should happen to agree with the author in all his views. Some physicians may, no doubt, read the book with benefit to themselves (if they use discrimination), since many of its valuable precepts are too often ignored by the routine prescriber. Some of the author's suggestions, or rather dictates, as oiling the skin as a means of prevention of catarrhs, and the connection of bad teeth with pharyngeal troubles, are novel but not supported by adequate proof. The closing chapter on the danger of tobacco contains some truths, many truisms, and plenty of gratuitous assumption.

THE death was announced on Oct. 27, of Dr. R. S. Lord, of Springfield, Ill. Dr. Lord was one of the most prominent physicians of Springfield. In the Illinois Militia he was Surgeon-General on the staff of Gov. Cullom, with rank of Brigadier-General.

THE ARMY.

OFFICIAL list of changes of stations and duties of officers of the Medical Department U. S. Army, from Nov. 28, 1880, to Dec. 28, 1880.

O'Reilly, R. M., captain and assistant surgeon. The extension of his leave of absence, on account of sickness granted him Aug. 16, 1880, still further extended six months, on surgeon's certificate of disability. S. O. 259, A. G. O., Dec. 7, 1880.

King, J. H. T., captain and assistant surgeon. Granted leave of absence for four months. S. O. 253, A. G. O., Nov. 29, 1880.

De Loffre, A. A., captain and assistant surgeon. Relieved from duty at camp on White River, Colo., and assigned to duty at Fort Wallace, Kansas. S. O. 269, department of the Missouri, Dec. 8, 1880.

Hall, Wm. R., captain and assistant surgeon. Assigned to duty at camp on White River, Colorado. S. O. 269, C. S., department of the Missouri.

Baily, J. C., major and surgeon. Granted leave of absence for one month with permission to leave the limits of the division and apply for one month's extension. S. O. 188, division of the Pacific and department of California, Dec. 13 1880.

Benham, R. B., 1st lieutenant and ass't surgeon. Relieved from duty at Ft. Snelling, Minn., and assigned to duty at Ft. A. Lincoln, D. T. S. O. 155, department of Dakota, Dec. 8, 1880.

Heizmann, Chas. L., captain and ass't surgeon. His leave of absence still further extended two months, S. O. 268, A. G. O., Dec. 18, 1880.

Kane, J. J., 1st lieutenant and assistant surgeon. Assigned to duty as post surgeon at Ft. Union, New Mexico. S. O. 153, District of New Mexico, Dec. 13, 1880.

BOOKS AND PAMPHLETS.

PAUL F. MUNDÉ, M.D., New York, N. Y. Minor Surgical Gynæcolgy. A manual of Uterine Diagnosis and the lesser Technicalities of Gynæcological practice, for the use of the advanced student and general practitioner. New York: William Wood & Compony, 1880; W. T. Keener, Chicago.

ROSWELL PARK, A.M., M.D., 1558 Wabash Av., Chicago. Genital Irritation, together with some Remarks on the Hygiene of the Genital Organs in Young Children. Read before the Chicago Medical Society, Oct. 13, 1880. Reprinted from the Chicago Medical Journal and Examiner for Dec., 1880.

W. T. BRIGGS, M.D., Nashville, Tenn. The Surgical Treatment of Intestinal Obstruction. A paper read before the Tri-States Medical Society, during its annual session in Evansville, Indiana, Nov., 1879. Reprinted from the Nashville Journal of Medicine and Surgery.

S. V. CLEVINGER, M.D., 189 37th st., Chicago. Cerebral Anatomy Simplified by Comparative Anatomy Studies. Reprinted from the Chicago Medical Journal and Examiner for November, 1880.

Chicago Medical Review

PUBLISHED ON THE FIFTH AND TWENTIETH OF THE MONTH.

E. C. DUDLEY, EDITOR.

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REFORMS NEEDED IN THE ILLINOIS LUNACY LAWS.—It will be remembered by our readers that at the session of the Illinois legislature two years ago, an attempt was made to alter the law of the state relative to the commitment of the insane. Though endorsed by the medical profession generally, and especially backed by the State Board of Charities, the movement failed, on account, we presume, of the public jealousy in regard to the matter of the personal liberty of the citizen, which was thought to be best guarded by the jury trial. It is probable that a bill similar to that introduced two years ago will be brought before the present legislature, and, it is to be hoped, with better result. The former bill, though excellent in its main provisions, was, as we recollect it, still open to criticism in certain respects. The principal point in which it was open to objections in our opinion, was that while it did away with the imperative use of what is in the popular notion, the greatest safeguard to liberty, the jury trial, it supplied no adequate provision for the thorough inspection and supervision of the institutions for the insane, which, under the present law, is left solely to a voluntary, unsalaried Board of State Charities, the members of which are engaged in other occupations from which they are obliged to borrow the time required for their official

duties. This body and their secretary have done something in this line, and we have no intention here of insinuating anything against their efficiency. But under the circumstances, it is impossible for them to properly exercise the functions of supervision of the treatment of the insane wards of the state. This supervision should also be made by a medical man skilled in the diagnosis and treatment of insanity and nervous disorders, and it is impossible for a physician otherwise engaged to devote to it the time and attention it requires. The Board of Charities might do all that they have done, or could possibly do, and yet leave more than enough of this work to take all of the time of such a skilled official. His appointment would not necessarily or even properly, deprive them of one iota of their functions. We think that Dr. J. C. Corbus, the only medical man connected with that Board, would agree with us in these opinions.

There is no question but that there should be a modification of the present law in regard to the commitment of the insane, and that this change should be in the direction of the measure introduced at the last session of the legislature. But it should also be enlarged or supplemented in another bill by the following provisions:

I. There should be appointed by the gov-

error a medical man of character and reputation, skilled in the diagnosis and treatment of diseases of the brain and mind, as Commissioner or Visitor in Lunacy, whose duty it should be to visit every public and private institution for the treatment or care of the insane, at unexpected times and unannounced, as often as once in three months, and then and there make a thorough examination of everything relating to the care of the inmates. He should visit the wards at all hours, with and without the company of the resident officers, should hear complaints, investigate all accidents, suicides and homicides, and make all needed suggestions. He should make a report each year to the governor, and a biennial one to the legislature, which should be published. He should also endorse in a book kept for the purpose at each institution, his comments and recommendations, and this should always be open to inspection. While his duties should relate particularly to the inspection of the care and treatment of the insane, and not to the more purely administrative details, he should be allowed to note also any deficiencies in these latter that might come under his personal observations. And while his functions should be as far as the direct management of the asylums is concerned, mainly advisory, he should, perhaps, be empowered to order the discharge, transfer or furlough of a patient, for sufficient reasons, his action in this matter being subject to reviewal by the State Board of Charities or some other authorized body. He should meet with the State Board of Charities, of which he might be an ex-officio member, at their stated meetings. His office should be held during good behavior, and he should receive traveling expenses and a salary of such amount as would permit his giving his whole time (less customary vacation,) to his official duties. He should not be allowed to engage in general or special practice, therefore his salary should be such as to enable him to readily forego this privilege. He should be entirely independent of all asylum offi-

cial and trustees, and in no way indebted to them for even the slightest favor. They should have nothing to say in the matter of his appointment. If the supervision is extend to all the insane or idiotic in count alms-houses, there will be work enough for two such commissioners, each with his special district.

II. The State Board of Charities, or some other authorized body of which the commissioner should be a member, should make provisions for the examination of the character and qualifications of every person desiring to open a private institution for the care of the insane, and if satisfactory, should give a license for the purpose, without which no one should be allowed to keep such an institution or undertake the care of the insane for profit, under severe penalty. Such licenses should be revoked by the same body for sufficient reasons.

III. All letters of patients in public or private asylums or hospitals, except such as are addressed to the commissioner in lunacy, may be sent at the pleasure of the superintendent. If not sent, however, to their addresses, they should be required by law to be kept and delivered to the commissioner on his visit of inspection, for his disposal. It might be well to provide that there should be locked boxes in every ward where letters to him might be deposited, and of which he only should keep the key.

IV. There should be kept at each institution full records of admission and discharge of patients, of all applications of physical restraint, confinement, etc., and these should be inspected by the commissioner at each visit. Any patient should have the privilege of a private interview with the commissioner, if demanded.

LISTER.—The royal medal of the Royal Society has (Medical News and Abstract, January, 1881,) been conferred upon Professor Lister in recognition of his important physiological services, and the advance in surgery due to his studies and applications of antiseptic principles.

THE POPULAR SCIENCE MONTHLY for December, 1880, medically speaking, presents some interesting features, the most notable of which are contained in an article by Professor Bolton of Trinity College, Hartford, Conn., on the early practice of medicine by women. This article will prove very attractive and useful to any one seeking information on the subject. One of the morals of this paper is that woman is neither "too good nor too stupid to study medicine." Another paper by Dr. George M. Beard, on the "jumpers" of Maine, describes a curious phenomenon observed amongst some of the French Canadians in northern Maine, which he has still further elucidated in a recent lecture in New York city. The article is an interesting one, and the observation is likely frequently to be referred to hereafter in medical literature. A paper by T. Lauder Bruton, M. D., F. R. S., on "Indigestion as a cause of Nervous Depression," is excellent. The Popular Science Monthly and the Supplement, published separately and independently, may be said to contain the condensed statements, in popular form, of the general movement of modern science. These publications also manifest so strong a bias in the direction of medicine and of its more intimate relations, that they become, therefore, well adapted to the needs of a very large class of modern physicians, whose scientific cravings are not satisfied by the ancestral medical library.

SCHOOL HEADACHE.—Dr. H. Bennet, in a recent letter to the British Medical Journal, admits the facts but doubts the explanation given by Dr. Crichton Brown, as regards the prevalence of headache among pupils attending school in France and Germany. Dr. Bennet considers the true explanation to be the defective ventilation of schools in these two countries, and that, notwithstanding the deep learning of German physicians, they are deplorably behindhand in the application of physiological acts to the routine of every-day life.

PIN-WORMS A CAUSE OF PRURITUS ANI.—

Cases of pruritus ani frequently arise, which are not influenced by any of the usual methods of treatment, but which, on the contrary, continually become worse, and become a source of misery to the patient and discouragement to the doctor. Very often, such cases depend upon a simple cause, easily and frequently overlooked, but when once discovered, promptly and perfectly curable. Examination will show that the whole trouble is frequently due to the presence of pin-worms in the lower bowel.

This is true, not only of children, but of adults. These worms keep up a constant irritation and consequent congestion, of which the legitimate result is an irritating catarrh of the membrane involved. The worms also have an unfortunate habit of frequenting the lower part of the rectum, even to the anus, and of producing direct irritation to these parts. This, with the irritating catarrhal discharge which comes in contact with the anus at every stool, causes the intense and exasperating irritation called pruritus. The treatment must be the destruction of the worms. This is well accomplished by free enemata of tepid salt and water, repeated not less than three times a day, and always after stool. This treatment, if persisted in for a number of weeks, will generally destroy the worms. The appropriate exhibition of *santonin* and other vermifuges, may also be employed. The following is a prescription recommended by Dr. Packard, (Philadelphia Medical and Surgical Reporter, February 21, 1880). He says that the most persistent cases yield to its frequent application. $\mathcal{R}$ camphor, chloral hydrate, each one-half drachm; petroleum ointment, seven drachms. Manifestly such local applications can be of no use in the treatment of pruritus when due to some irritating cause in the rectum, but this will doubtless be found useful in the treatment of the local irritation and curative when the disease is confined to the external anus alone.

SEA-SICKNESS.—Dr. Glynn Whittle, in a recent letter to the British Medical Journal, has some very sensible remarks on this subject, of which the following is an abstract: Sea-sickness has hitherto been regarded as a disease outside of science, but in the author's opinion the disease should be treated on straightforward principles of medicine. In defense of this treatment he submits the following points for consideration: I. The stomach contains (except after urgent vomiting) fluid and gas, with or without a certain amount of semi-fluid matter. II. Physiologically, its contents are slowly moved in a circular manner from left to right along the greater curvature, and from right to left along the lesser curvature, except when the cardiac orifice opens to permit the reception of more food, or the pyloric to permit the expulsion of some into the duodenum. III. Pathologically, the turbulent action of the sea interrupts the normal slow and circular motion, substituting for it a rapid jumbling up and down of the contents of the stomach. III. The contents of the stomach thus become neither more nor less than a foreign body, whose presence readily accounts for all the distressing symptoms that usher in an attack of sea-sickness. The objections to this theory are: I. That if it be correct, all persons would suffer alike. II. That nobody would be able to recover from the disease while remaining at sea. These objections the author answers as follows: I. The natural power possessed by the muscular elements in the coats of the stomach for accommodating their action to the motion of the sea, varies considerably in different individuals. II. This power, when not natural, can be acquired after a time according to the law of "demand and supply." In conclusion, Dr. Whittle gives the following rules for treatment: Adopt recumbent posture and administer a smart purgative. Let the diet be simple and light; avoid wines and spirits. If medicinal treatment is required, a light vegetable tonic will be the most suitable, a fluid drachm of the compound tincture of gentian

every four hours in a wine-glassful of water will best answer the purpose. The cure may often be completed in tedious cases by the exhibition of a little bicarbonate of soda, given in effervescence with tartaric acid, sweetened and flavored with ginger.

THE DISSOCIATION OF THE ELEMENTS.—

The promises made more than a year ago by Lockyer with his spectroscope, and Victor Meyer with his crucible, to decompose the elements chlorine and hydrogen, have not yet been performed. It is quite true that at high temperatures hydrogen presents some anomalies in the spectroscope, and chlorine appears to change its molecular volume. But further than this nothing is certain. All attempts to prove the presence of a new body in either of these elements have so far failed of success. For the present, at least, we may still claim hydrogen and chlorine as individuals. Whether they be really compound bodies, future investigations must determine.

ENTRANCE AND EXIT OF BULLETS.—

Prof. Oscar J. Coskery, of Baltimore, has looked upon both sides of the shield and offered a sensible solution to a question that has had able defenders upon each side. That a bullet passing through tissue entirely soft, should leave the same appearance that one passing through tissue partly soft and partly bony does, seems to Dr. Coskery impossible. In the one case there is greater resistance at the entrance, with only the resistance of skin tension at the exit, as, witness the passage of a bullet through the abdomen. In the other, the ball, entering with slightly increased resistance, carries in front of it particles of bony tissue, greatly increasing its bulk and, correspondingly, the rent at its exit. In logical sequence he deduces the rule—that in all bullet wounds through soft tissue, the wound of entrance will be larger than the wound of exit. In all like wounds through the bony parts, that of exit will be the larger—a rule which will prove of value in many a "court case."

THE TONICITY OF THE HEART AND BLOOD-VESSELS is the title of some very suggestive researches by W. H. Gaskell (*Journal of Physiology*, vol. 3, No. III, p. 48). Repeating the experiments on the activity of the excised frog's heart under irrigation, he observed a striking phenomenon which had escaped the attention of previous observers (Merunowitz, Stilnon and Gaule). As in former accounts, he also found that the heart will beat more vigorously when an alkaline solution (either dilute blood or salt solution) is passed through it. Ultimately the heart comes to a standstill; but, as Gaskell shows, by reason of having attained its maximum contraction. When the heart is filled with an alkaline fluid (1 part H Na O in 20,000 parts solution) the beats do not lose any of their vigor in the course of time, but the relaxation during the diastole becomes more and more incomplete, until at last the beats cease to be visible, the heart being arrested in systole.

On irrigating it hereupon with a neutral solution the relaxation returns, though very slowly. But on substituting an acid (1 part lactic acid in 10,000 or 20,000 solution) the heart relaxes fully, the beats return for a time, but finally cease, as acids ultimately arrest the heart in diastole. There exists a perfect mutual antagonism between acids and alkalies, and the change from stoppage in diastole through activity to arrest in systole, and vice-versa, may be repeated indefinitely by changing the solution.

A similar action of these agents is exerted upon the blood-vessels. The alkaline solution produces a visible contraction of the arteries, even to such an extent as to prevent the further flow of the solution. Acids, on the other hand, relax the vessels completely. As yet Dr. Gaskell can offer nothing but suggestions regarding the direct influence of chemical processes in the tissues or the size of the blood-vessels, but promises further experimental contributions.

TINNITUS AURIUM.—The different varieties of this symptom have been imperfectly, though not unsatisfactorily, differentiated by W. Douglas Hemming, F. R. C. S., Bournemouth, England. (*British Medical Journal*, September 25, 1880.) The variable significance of tinnitus, arising as it does sometimes from very trivial, and sometimes from very serious lesions, renders differentiation of its varieties important in diagnosis and in prognosis. The following is the tabular statement of the varieties and the causes:

KIND OF NOISE.	CAUSES.
I. Tidal "to-and-fro" noises, like the sound produced when a shell is held to the ear.	I. Tobacco; chronic catarrh of the middle ear, ending in undue contraction of intrinsic muscles.
II. Humming or buzzing noises, like the sound of a humming-top or the buzzing of a bee.	II. Impacted cerumen, eczema, foreign bodies or parasites in the external meatus.
III. Gurgling or bubbling noises, as of air bubbling through fluid.	III. Fluid in either (a) the tympanum, or (b) the Eustachian tube; the result of catarrh.
IV. Rustling or crackling noises.	IV. Deficiency of cerumen (hairs in the meatus or on the membrane give sounds like an Æolian harp); acute catarrh in its latter stages.
V. Constant, rushing noises, like the falling of water in a cataract.	V. Venous congestion of the labyrinth.
VI. Pulsating noises, often said to be like the beating of a drum; frequently synchronous with the pulse.	VI. (a) Extra-aural causes, anæmia, aneurism, etc.; (b) Arterial congestion of the labyrinth.

UNIVERSITY OF VIENNA.—In the faculty of medicine at this university during the summer season there were 827 ordinary and 164 extraordinary students, an increase of, respectively, 148 and 20 over the previous season. Of the extraordinary students 38 were Americans.

DENGUE AND YELLOW FEVER.—Dr. S. M. Bemiss, in a lecture published in the December number of the New Orleans Medical and Surgical Journal, called attention to the following points of similarity and dissimilarity between dengue and yellow fever: I. They are both diseases invading cities. II. Their territorial areas of distribution are very nearly identical, but dengue has often prevailed in countries where yellow fever is unknown. III. Their climatic areas of prevalence have great similarity. IV. The relations of epidemic visitations of the two diseases are probably only co-incidental, although epidemics of dengue are often said to be harbingers of yellow fever epidemics. V. Yellow fever and dengue have been regarded as convertible diseases. Dr. Bemiss does not agree with this. He states that to him there is but one yellow fever, however masked or ambiguous the symptoms may be. VI. Yellow fever and dengue has each its own specific poison. The difference between the two diseases is a difference of life and death. Multitudes die from yellow fever. The author has never seen a death from dengue. VII. Dengue is diffused both by portation and by atmospheric agency. VIII. Medical history does not show dengue to be attended by black vomit or other serious hemorrhages. In conclusion, Dr. Bemiss made the following declarations: I. I have never seen albuminous urine in dengue. II. I have never seen abortion in dengue. III. I have never seen black vomit in dengue, nor any satisfying evidence that it is a hemorrhage inducing fever. IV. Hemorrhagic fevers are fatal. Dengue never kills, except through complications. V. Malarial fevers may primarily produce slight hemorrhages, but to induce well-marked tendency to hemorrhages, chronic toxæmia must intervene. VI. The differential diagnosis between dengue and yellow fever is at first often impossible, but as the cases progress the lines of divergence of symptoms become more obvious and are usually very striking.

THE HAMMOND PRIZE.—The American Neurological Association announces through its committee, Drs. F. T. Miles, of Baltimore, J. S. Jewell, of Chicago, and E. C. Seguin, of New York, that it will offer a prize of five hundred dollars, to be known as the "William A. Hammond Prize," to the author of the best essay on the Functions of the Thalamus in Man. This prize will be awarded at the annual meeting of the association in June, 1882, under the following conditions: I. The prize is open to competitors of all nationalities. II. The essays are to be based upon original observations and experiments on man and the lower animals. III. The competing essays must be written in the English, French or German language: if in the last, the manuscript is to be in the Italian handwriting. IV. Essays are to be sent (postage paid) to the secretary of the prize committee, Dr. E. C. Seguin, 41 West Twentieth street, New York city, on or before February 1, 1882; each essay to be marked with a distinctive device or motto, and accompanied by a sealed envelope, bearing the same device or motto, and containing the author's visiting card. V. The successful essay will be the property of the association, which will assume the care of its publication. VI. Any intimation tending to reveal the authorship of any of the essays submitted, whether directly or indirectly conveyed to the committee, or any member thereof, shall exclude the essay from competition. VII. The award of the prize will be announced by the above-named committee, and will be publicly declared by the president of the association at the meeting in June, 1882. VIII. The amount of the prize will be given to the successful competitor in gold coin, or, if he prefer it, in the shape of a gold medal bearing a suitable device and inscription.

STATE BOARD OF HEALTH.—At the election of officers recently held, Dr. J. M. Gregory was elected president and Dr. J. H. Rauch re-elected secretary of the board.

LOCAL.

CHICAGO BIOLOGICAL SOCIETY.

A more than usually animated meeting of this society occurred on January 5. The retiring president, Dr. Lester Curtis, delivered the customary address, which, apart from eulogies of the society, and acknowledgments of the honor conferred upon him, as well as numerous comparisons, contained a scientific nucleus. Dr. Curtis referred to the views promulgated within the last few years regarding the nature of protoplasm. He brought forth the statements of Heitzmann, supported by many others, amongst them Klein, in his atlas of histology. According to these observers, protoplasm consists of a network of trabeculae representing the living part of cells, while the interstices of the network are filled with fluid. This structure, it is said, may be recognized with especial ease in white blood corpuscles. After conscientious attempts with high powers of the microscope, Dr. Curtis felt himself unable to confirm these statements. He had corresponded with Heitzmann on this topic, but the letters he had received did not enable him to repeat Heitzmann's observations. He could merely recognize that the outline of leucocytes, when seen with high powers is not plane, but beset with nodules. He cannot but conclude that these surface nodules have been mistaken by others for the crossing points of the trabecular network, while the appearance of trabeculae is but due to observation of the shadows cast by the nodules, especially when viewed with imperfect focal adjustment. He illustrated his statements by photographs and drawings from nature, and referred to the similar experience of other well known American microscopists.

Dr. Curtis was followed by a lengthy report by Dr. Gradle on the present state of the germ theory. It was pointed out that the modern pathological views influence our action to such an extent, even unconsciously, that a physician cannot afford to

regard the germ theory with indifference. After further remarks of a general nature, it was stated that the parasitic origin of a given disease can be maintained only if a given form of parasite is invariably found in that disease, and if the transfer of the isolated parasite can communicate the disease to others. It was shown that even the first desideratum cannot be easily fulfilled on account of the difficulty of recognizing isolated bacteria, though modern methods of observation have increased the chances. Moreover, the microbes are often sought for in localities, like the blood, where they do not exist. But even if bacteria are found, it must be shown that that form has an actual relation to the disease, by isolating and cultivating it and subsequently inoculating it in other animals. This absolute proof has been furnished in at least two diseases, splenic fever and chicken cholera, while similar statements exist as regards tuberculosis, though perhaps not in so precise a shape. The different methods of isolating bacterial beings were explained, and it was insisted upon that the only criterion of a distinct species of fungus was the actual test of producing the characteristic disease. The speaker admitted our ignorance of the action of bacteria in almost all instances, but claimed that the isolation and inoculation of a parasite established the parasitic nature of the disease in question beyond all doubt. From this aspect of the question it is indifferent whether the microbe acts directly upon the tissues or through the intervention of some chemical agent, which it secretes. Such virulent secretions have been obtained in the case of the chicken cholera parasite, as well as from the microbes of septicæmia. But these chemical agents formed by living bacteria reproduce only some of the symptoms of the disease in question, but not its course. Their action is poisonous but not infectious. Although the animal thus poisoned may die from a large quantity of the poisonous agent, its blood is not infectious and can-

not reproduce the disease in others. There has been but one statement made to the contrary by Hiller, who claimed to have isolated the chemical agent of the nature of a ferment, from putrid muscles. This ferment, in solution in glycerine, which has well known antiseptic properties, was examined microscopically, and found free from granules of any kind. Nevertheless, it caused the phenomena of septicæmia, and from the blood of the diseased animals a dissolved ferment of even greater virulence could be obtained by the extraction of the glycerine. But the same author could not repeat his own experiments successfully a few years later. Moreover, septicæmia is not the best disease to test such questions, on account of the absence of a sufficiently typical course, and on account of the multiplicity of symptoms. Moreover, material which can produce a morbid state resembling septicæmia, may be obtained from a variety of sources, and it is not yet well established whether different morbid entities are not confounded under that name.

It has been claimed that bacteria cause disease only by carrying a poison attached to their body, but there exists no proof at all for this fanciful view, since all attempts to experiment with washed bacteria have been confined to septicæmia, and are, for the reasons above stated, not conclusive. Moreover, such a view falls to the ground when we consider the successful inoculation of successive cultivating fluids, with infinitesimal traces of fungus, and the retention of virulence. In order to obtain an idea of the mode of invasion by parasites, the few fragments of our knowledge of the tissue change of microbes were pointed out. It was stated that some forms of bacterial life were certainly killed by the absence of oxygen, while other species could withstand such deprivation. Pasteur, indeed, claims that certain fungi—*anærobæ*, as he calls them—are even killed by the presence of free oxygen. But, in theorizing on the mode of action of bac-

teria, in this manner, Pasteur had passed a step beyond the domain of facts. Of greater importance seemed various recent researches on the action of active oxygen or ozone upon bacteria. Thus, it had been shown that the bacteria of putrefaction are readily killed by ozone. While the presence of ozone has not been proven in the blood, we are at any rate forced to conclude that oxygen is in an active, if not in the nascent, state in the blood. Kaufmann has indeed shown that the presence of blood corpuscles will prevent development of the bacteria of putrefaction, if a current of oxygen is sent through the mixture. These observations hence explain why the germs of putrefaction cannot develop in living tissues, although they have free access to them. In normal tissues we do not actually find any bacteria, though plenty of germs in the dormant state, ready to develop after death. In the blood, not even the germs are found. How the germs of certain diseases can invade the blood during life has been shown by Szpilman, who found that the bacilli of splenic fever are not damaged by free ozone, and can hence develop in the living body.

If we thus question in which diseases the parasitic origin has been definitely proven, we may find out with certainty only the two instances above mentioned, and the disorders following the infection of wounds. But there can be but little doubt that microscopic beings are really the cause of all contagious diseases. We know of no other form of contagious matter but living fungus and its germs. And the phenomenon of incubation, the self-limitation of disease, and multiplication of the poison in the body, cannot be explained in any more satisfactory manner than by the assumption of a *contagium vivum*. Parasitic origin may even be suspected in many diseases which we do not know to be contagious, such as bronchitis, pneumonia or rheumatism. Certainly no other cause is known for such disorders, and the manner of their onset,

as well as their self-limitation, agrees well with what we know of parasitic invasions. All the separate symptoms also are analogous to effects known to be produced by microbes. However, mere suspicion is no substitute for proof.

The speaker, in the next place, related the various attempts at vaccination against infectious diseases. He pointed out the immense importance of Pasteur's researches on protection against chicken cholera, (which have been fully reported in the Review.—ED.) He referred also to Pasteur's experiments on the inoculation of splenic fever in chickens. This animal had been found refractory to the disease by previous observers, but Pasteur had shown that their immunity is due merely to the high normal temperature of the chicken. (41° C.) On cooling the animal, the disease may be inoculated by means of the bacilli or their spores. The French chemist had further found that a true immunity could be obtained by vaccination with chicken cholera virus, one vaccination thus protecting against two entirely different diseases.

Sheep have also been rendered immune against splenic fever by inoculating them with the blood of splenic fever animals, deprived, however, of its living bacteria. Toussaint had accomplished this by filtering the blood, or still better by subjecting it to a temperature of 55° C. Evidently substances had been secreted by the bacteria, which, when introduced into the body of another animal, rendered it immune. In chicken cholera, however, the protective vaccination was explained by Pasteur on a different basis. In this instance the immunity is not due to the accumulation of substances preventing the further development of the parasite, but to the abstraction of principles needed by the parasite. Evidently the principle of vaccination is not the same in different infectious diseases. The latest fruits of research in this field were the statements by Semmer, that septicæmia may likewise be prevented by inoculating animals with septicæmic blood,

which is deprived of its living microbes. Hereupon the speaker presented a rapid review of the latest researches on splenic fever. The mode of development and ultimate fate of the bacilli, was narrated, also the danger accruing to grazing animals by transportation of the spores by means of worms from buried cadavers to the surface. The most important recent step in the etiology of splenic fever is the discovery by Buchner that the bacillus anthracis may be converted by cautious cultivation into the bacillus subtilis of ordinary hay, and vice versa. The apparently spontaneous origin of the disease in some instances, is thus traced to the parasite existing on the surface of hay. Finally, the researches on chicken cholera, the best known of all infectious diseases, were analyzed.

The discussion on this important topic was postponed until the first Wednesday in February. We can only hope that a society of such promise will enter upon the discussion with more vigor than is usually displayed in medical meetings in our city.

CHICAGO MEDICAL SOCIETY

Resembled in the attendance at its January 3 meeting, its sister society on the West Side, ten out of a membership of about one hundred and eighty being present. We think that the meetings of our medical societies should be more fully attended and that the members should take a more lively interest, both in the preparation and discussion of the papers there presented. Dr. Mary H. Thompson reported a case of prolonged gestation and an unusual labor occurring after an operation for laceration of the cervix uteri. The paper was listened to with interest and discussed by Drs. Etheridge, Jenks, Bogue and others.

At the January 17 session Dr. Edmund Andrews delivered an address, illustrated by sketches on the blackboard, upon the mechanism of the great abscesses.

The committee on medical jurisprudence, Drs. E. Ingals, N. S. Davis and H. W. Jones, submitted the following report,

which was accepted and laid over for consideration: "That the literary and medical attainments of those who prescribe for the sick in Illinois are less than they should be, is so universally conceded that your committee do not think it necessary to occupy time in its demonstration. We therefore direct your attention at once to some suggestion for correcting the deficiency. This end we think may be attained by legal enactments more speedily and effectually than by other methods. We therefore recommend that this society request the entire profession of the state to unite in the effort to secure the enactment of laws which shall embody provisions similar to the following: That after January 1, 1883, no person who has not been or is not then a practitioner of medicine in Illinois shall be allowed to practice in this state unless such person has received a diploma from some medical college that excludes from its classes all applicants for matriculation who do not bring a diploma from a literary college or high school, or a teacher's certificate from some county superintendent of schools in the state of Illinois, and which exacts from all students as a condition for graduation that they shall have made medicine their exclusive study during three entire years, and have attended three annual sessions of medical lectures of not less than six months each and have received clinical instruction at least during one full session of lectures in some general hospital for the sick that has an average of not less than thirty patients constantly in its wards. The effect of such law would be to cause all medical colleges in Illinois to advance their teaching and requirements to this common level. The advance we recommend will be no hardship to any school or individual, and it would certainly benefit the profession, as well as those who receive its ministrations. The state of Illinois is now populous and wealthy enough to demand for its citizens the attendance of physicians of superior learning and skill, and we shall suffer no lack of numbers in

the profession if the attainments necessary for graduation are advanced."

WEST CHICAGO MEDICAL SOCIETY.

Owing perhaps to the cold weather and the holiday season, the December 27 meeting of this society was very poorly attended, only six out of a membership of about sixty being present. The official work was dispensed with, and the scientific programme carried out. This included a paper on some points in color blindness by Dr. H. M. Bannister. The author's opinion very materially differs from that held by Dr. B. Joy Jeffries, of Boston, in regard to the curability of this disorder. His paper will appear in full in the January number of the *Journal of Nervous and Mental Disease*. Dr. H. M. Lyman read an exhaustive paper on the physiology of anæsthesia and spoke of the different modes and drugs used in the production of anæsthesia. The society then adjourned.

COOK COUNTY HOSPITAL.

The following changes took place on January 1, in the staff of the hospital: The internes on the medical side were transferred to the surgical side and vice versa. Dr. Verity is now house surgeon, and Dr. Gudden, house physician. Drs. Isham and Lee take the positions held by Drs. Gunn and Baxter, as visiting surgeons. Dr. Lester Curtis becomes one of the visiting physicians, vice Dr. Merriman, resigned. Dr. Guerin becomes gynæcologist and obstetrician, in place of Dr. Steele, whose term of office has expired.

CHICAGO ELECTRICAL SOCIETY.

Professor H. S. Carhart will lecture before this society in Club room No. 7 of the Grand Pacific hotel, on Monday, January 24, at 8 P. M., upon the "Ultra Gaseous or Radiant State of Matter," illustrated by experiments with Crooke's tubes. Believing that the lecture would be of interest to the members of the Chicago Medical Society, an invitation has been extended to the Society, by President George W. Pelton, of the Electrical Society.

CONTRIBUTIONS.

THE MEDICAL CHARITIES OF ILLINOIS.

BY J. C. CORBUS, M. D., MENDOTA, ILL.,

Member of the State Board of Charities.

This paper simply embraces the medical charities of the state of Illinois receiving aid from the state. There are eleven small hospitals and two asylums in the interior of the state, of which no account has been taken in this paper. That part of the paper referring to the medical charities of Cook County, was prepared by Prof. Parks, of Chicago.

The medical charities of the state of Illinois receiving aid from the state consist of four insane hospitals and an eye and ear infirmary. The Northern Insane hospital is situated at Elgin, the Central at Jacksonville, the Southern at Anna, and the Eastern at Kankakee, and the Eye and Ear Infirmary at Chicago.

The number of inmates March 31, 1880, in the several insane hospitals, in the aggregate, amounted to 1,730, divided as follows: 520 in the Northern, 624 in the Central, 502 in the Southern and 84 in the Eastern. The Eastern is not yet completed, but is intended to accommodate 700 to 800 patients. It will be, when completed, a departure from the others in the plan of construction, in the attempt made to combine the "cottage" plan with the "concentration" plan of hospitals on a much larger scale than has yet been attempted and is an innovation in the construction of hospitals for the insane in our state.

The estimated value of lands and buildings, January, 1879, of the Northern, Central and Southern was \$650,000 each, the Eastern \$200,000, being not yet completed. The special appropriation made by the legislature of 1879 was \$243,026, making in the aggregate \$2,393,026. The ordinary expense appropriation for the years 1880 and 1881 was \$200,000 for the Northern, \$90,000 for the Eastern, \$220,000 for the Central, \$156,000 for the Southern, making in the aggregate, \$666,000, which it is estimated will not be more than sufficient, with careful economy, to meet the requirements of the institutions for the two years; a very large sum when we take into consideration that the accommodations are not sufficient to make provision for one-half of the alleged insane in the state. This being true, it is plainly evident to me that the theory of our state in making provision for

a large per cent. of the class of inmates that occupy our hospitals will have to be abandoned on its present basis, and a cheaper method devised than the present system.

A more thorough classification of the insane would undoubtedly weed out many of the inmates of our hospitals who are in no wise benefited by remaining in the hospital, but are retained at the earnest solicitation of friends, on account of lack of disposition or inability to take care of them. There being no other provision made for them by the state they are retained by the superintendent in the institution.

In visiting our hospitals, a medical man would be struck with the large number of inmates of a highly nervous organization who seem to be hovering on the border-line between sanity and insanity. Their condition is not the result of mental disease, but the normal condition of the individual. Patients of this class are benefited by a sojourn at the institution, simply in consequence of their isolation and freedom from the cares and responsibilities of life. If the struggle should not become too intense their insane temperament would not be manifest, but should any serious reverses or misfortune assail them they would soon be classified with the insane. Others are cases of absolute dementia, to whom the special advantages of an insane hospital are of no advantage.

If the hospitals were devoted strictly to cases "curable," a much cheaper plan might be devised for the cure of acknowledged "incurables." To effect any change in this direction we would be compelled to come in conflict with established notions, and no doubt would meet with violent opposition. To effect this change, provision should be made for the "incurable" class spoken of, and to do this in the State of Illinois would require a complete revision of the law governing insane hospitals. It would require that a commission be appointed, whose duty it should be, in connection with the superintendent of a hospital, to visit the various wards at stated times and examine each inmate, and assign him or her to a proper place. In providing for a large class of "incurable" cases, special medical talent would not be required for supervision; the simple comforts of life and humane treatment secured to them and medical aid when required, being sufficient.

The facts are that the duties devolving

upon the superintendent of an insane hospital are so varied that it makes it impossible for him to give attention to the special treatment of inmates. The general supervision occupies his attention, and the details, which are most important, are of necessity left to subordinates. The treatment of mental disease certainly demands close observation and familiarity with the patient to arrive at any correct conclusion in regard to his mental condition, (and in fact this observation and familiarity should determine the treatment in any given case,) and without it, certainly no success can attend the treatment of the insane. The superintendent, who has been selected on account of his character and standing in the profession, should himself discharge this duty, but such is not the case. This work is usually assigned to young men in the profession, comparatively inexperienced, who discharge their duties no doubt to the best of their ability. I have no reference to the assistant physicians in our insane hospitals at this time, for we are fortunate in having a class of able men, some of them bidding fair to rise to eminence in their profession.

It must be conceded, however, that no progress has been made in the treatment of the insane for the past twenty-five years. Quoting from remarks made by Dr. Nathan Allen before the committee on public charities of the legislature of Massachusetts, he says: "It was estimated twenty to thirty years ago that from seventy to eighty per cent. of patients treated in hospitals were cured of their insanity, but for some years past the percentage of cures reported have ranged from thirty to forty per cent.; that is, reduced one-half. In the earlier reports of hospitals, it has been shown that mistakes existed, that the percentage of cures was too large, and it may be that the rate now is too low. But after making all due allowance, it must be admitted, we think, that the present rate of cures is not equal to what it once was. Now, when the rate of cures in all other diseases has for many years been constantly increasing by improved modes of treatment, why should that of insanity apparently have gone backward?"

If by a better knowledge of the laws of health and of disease, as well of sanitary agencies, one-third of the disease and premature mortality can be prevented, why should not similar improvements be found to have taken place in the treatment of

mental disease? The remarks are as applicable to the state of Illinois as they are to Massachusetts, and with due respect to our medical superintendents, this may be attributed in part possibly to their conservatism, which amounts to antagonism to any innovation upon the present method.

This is not to be attributed to incapacity or lack of zeal in the discharge of these duties, but is no doubt attributable in a great extent to the legislation which confronts them in regard to the admission of inmates and the jealousy in the minds of the public regarding the management, which subjects them to constant espionage, making the position of medical superintendent one very difficult to fill, and harassing in the extreme. The many duties of the superintendent debar him from giving that attention to patients that he may desire, he having the supervision of a large farm, the executive management of six to seven hundred inmates, the reception of visitors, the purchasing of supplies and other duties that occupy his attention. It matters not how efficient his help may be, he alone is the responsible party, and must be held accountable. His duties require a thorough knowledge of business, which certainly is sufficient to occupy his attention, and prevents him from having more than a general supervision of the medical officers under him.

It would seem to me apparent that the time has certainly come when a reorganization of our hospitals should take place. If the superintendent is selected on account of his special skill as a medical officer, he should devote his time and talents in that direction, while the business interests should be placed in the charge of a competent business man. I have no doubt such a division of labor would be a saving to the state and a great improvement in the care and medical treatment of the unfortunate inmates, and such a division of labor ought not to lead to any conflict of authority. The duties of superintendent, if not lightened, ought to be at least more in accordance with his tastes, and the result of his labors more satisfactory.

The Eye and Ear Infirmary, situated in Chicago, was organized as a private charity in 1858 and received by the state in 1871. The cost of buildings amounts to \$51,118.59. The cost of land, \$28,000. The appropriation made by the legislature for ordinary expenses for the two past years, \$140,000. The average number of house

patients, 69.20; average number of dispensary patients, 61.66. Total daily average for the year 1879, 130.86. The total number of patients that have been treated since the opening of the institution to June 1, 1880, 21,349. The medical staff give their services gratuitously. This institution has met with considerable opposition from time to time, but the facts are that probably no institution in the state has accomplished more good than this institution. Special skill is required in the treatment of disease of eye and ear, and the average physician realizes his incompetency at least to perform those delicate operations on the eye, which require an experience to be successful, that the facilities of an infirmary alone would give. This conviction has been forced upon the minds of legislators, and the public, and I think opposition to the institution has ended, and that from henceforth it will grow in popular favor.

The inmates are received into the infirmary upon the certificate of the supervisor of the township where the patient may reside, stating that he is a resident of the township, and that he is in indigent circumstances.

The difficulty has been in the past to prevent those who are competent to pay for services rendered, imposing themselves upon the institution as charity cases. For the past two or three years this has been controlled to a great extent, as far as the house patients are concerned, by conforming more strictly to the law in the admission of inmates, making inquiry in the locality where the patient may reside, etc.

The dispensary attached to the institution no doubt has to contend with the faulty system of dispensary practice common to all our large cities, which should be designated properly, the abuse of medical charity, which the wholesale and indiscriminate gratuitous medical attendance in connection with clinics and dispensaries and other eleemosynary institutions favors, both in the large cities of this country and in Europe.

London, it is said, (from information derived from the most reliable sources,) gives medical charity to one out of every three or four of her population, New York in about the same proportion, Boston to one in four and a fraction, Philadelphia to one in five and a fraction. This must be too large a ratio, in consequence of the duplication in the registration of beneficiaries at the different dispensaries, but is sufficiently correct

to show plainly that a large number of unworthy persons are availing themselves of the benefits of our medical charities, who are not entitled to receive them, resulting in evil in various ways: I. In depriving the medical officers from fees justly earned; II. The perversion of moneys that were destined to assist the purely indigent; III. Encouraging mendicancy. The abuse of medical charities has been under active discussion for the past few years in all our large cities, Philadelphia probably taking the lead in the systematic investigation of the class of people making application for medical relief.

Enough has been determined to show plainly that medical men as well as charitable men have long been the unconscious propagators of fraud and immorality.

CHLORAL HYDRATE,

In Diphtheria and Laryngismus Stridulus.

BY H. H. KANE, M. D., NEW YORK, N. Y.

DIPHTHERIA.

In this disease chloral has, at the hands of some men, met with very flattering success, a success that warrants a fuller trial of the drug.

The following is from Dr. R. Carney¹ of Windsor, Ontario:

"SIR:—An item in your November number determined me to give you my experience with chloral in diphtheria. About three years ago, a case of sporadic diphtheria of malignant character came under my care. When about despairing of the patient's life, I prescribed a sleeping draught containing chloral hydrate and potas. brom., with a view to obtain much needed sleep. Next morning I was agreeably surprised to find my patient improved, and attributing the change to the rest, ordered the draught repeated that evening. On returning the following morning, the patient was still more improved, the expectorations was easier and more abundant and the throat was less powerful. A wash containing chloral hydrate 3j, to an ounce of water, was ordered at once, and with wonderful effect, the patches peeling off rapidly, the throat feeling more comfortable and the patient improving generally. Following up this treatment as opportunity offered, I was convinced that a specific had been obtained for diphtheria (as much so as quinine in intermittent fever); but being deterred by past results with new remedies,

1. Canada Lancet, Nov., 1879, p. 107.

I decided to await a more crucial test, and have, during the past two months, obtained such, as this locality has been visited by an epidemic of the formerly dreaded disease. In that time I have successfully treated fourteen cases of undoubted character, some very severe, and several others of a diphtheritic nature, and was about to publish a record of them, in order more clearly to establish my conclusions, but do not deem it necessary when such an eminent authority as Rokitansky can be referred to by the profession. I feel quite confident in recommending this remedy, and have experienced very great pleasure in "going back" on my old friends, carbolic acid, tinct. ferri mur., bromo-chlor-

alum, et cetera. I have at the same time administered internally salicylic acid and quiniæ sulph., to prevent blood poisoning, but am quite sure that the local improvement is not due to these, as they have been given in pills and wafers, with equally good results. The wash is applied by a sponge swab, as I find that the contraction of the fauces on introducing the swab is sufficient to express the liquid, and one such application every three hours has proved satisfactory so far."

On writing to Dr. Carney with a view of learning what success he had had with chloral since the appearance of his letter in the Lancet, I received the following interesting summary :

NO.	CHARACTER.	REMEDIES USED AND APPLIED.	RESULT.
1	Severe.	Chloral and Acid Salicyl. and Quin.....	Recovery
2	"	" Tinct. Ferri Mur.....	"
3	medium	" and Acid Salicyl. and Quin.....	"
4	"	" " "	"
5	mild	" " "	"
6	"	" " "	"
7	severe	" " "	"
8	mild	" Quinine and Iron (internally).....	"
9	severe	" Tinct. Ferri Mur.....	"
10	mild	" Alum Wash.....	"
11	"	" Acid Salicyl.....	"
12	"	" "	"
13	severe	" " and Quin.....	"
14	"	" " "	"
15	"	" Tinct. Ferri. Mur.....	"
16	medium	" Alum Wash, Acid and Quin.....	"
17	"	" Acid Salicyl. and Quin.....	"
18	"	" " "	"
19	mild	" " "	"
20	medium	" " "	"
21	"	" Tannin Wash.....	"
22	"	" " "	"
23	"	" and Quin.....	"
24	"	" " "	"
25	"	" " Alum.....	"
26	mild	" " "	"
27	severe	" " Tinct. Ferri. Mur.....	"
28	"	" " "	"
29	medium	"	"
30	"	"	"
31	severe	" Acid Salicyl. and Quin.....	"
32	"	" " "	"
33	medium	" " "	"
34	"	" " "	"
35	"	" Tinct. Ferri Mur. and Quin.....	"
36	severe	" "	"
37	"	" Acid and Quin.....	"
38	medium	"	"
39	severe	" Acid Salicyl. and Quin. Tinct. Ferri Mur.....	death
40	"	" " " " "	"

These two last (fatal) are all the deaths in three years: and of these one had been under medical treatment several days before I was called. Bronchial tubes involved. The other caught cold after throat was entirely cleared of patches. Capillary bronchitis, with diphtheritic croup, albuminuria, etc., ensued.

The quinine is administered on account of malarial conditions incident to locality, etc., and for atonic symptoms, as well as with the view to give the patient the benefit of it as an antispasmodic.

As to its use in diphtheria, you know my opinion already, and I herewith supply you my experience in forty cases—all that I have kept record of—but I may state that there were no other cases of death than are herein recorded; so that any additional cases would tend to reduce the percentage of deaths; and, moreover, these are all undoubted cases of the disease, and nearly all traceable to one or other of the usually considered sources. I have abandoned the use of any other wash or application, except tinct. ferri mur. (3i to aqua 3i) and potas. chlor.; using also, in most cases, acid salicyl. with or without quin. sulph. internally. Have examined the urine in all severe cases latterly, but do not always find albumen; and occasionally find it in mild cases. I am gradually doing away with medication other than stated here, and, in fact, do not resort to tinct. ferri mur. wash except where the mucous membrane is very much involved, congested, exuding a ropy discharge, or presenting a disinclination to heal after the removal of the membrane or patch. In fact, I occasionally find a reformation of the patch, where some astringent or stimulant is not applied, and thus far prefer the tinct. ferri mur. with potas. chlor.

I may here state that I occasionally get narcotic effects, especially in children, greater than I can fairly attribute to the swallowing of the wash when gargling or swabbing; and several patients when using it as a vaginal injection have observed similar results; that I have come to think that its local anæsthetic action is propagated to the nerve centres along the nerves, rather than by being rapidly absorbed; it is conveyed to the brain by the blood.

Dr. Pavesi¹ (*Annali di Chemic. Applic. alla Medicina*, 1876), recommends the fol-

lowing in diphtheria, as an antizymotic, antiseptic, antiferment and hæmostatic:

Chloral Hydrat	}	aa. 1½ parts.
Acid Salicylic		
Glycerin		
Sodæ Sulphite	}	3½ parts.
Aq. distill....		
Spts. Vini.....		
		1 part.

The whole is put in a strong glass vessel, which is closed and exposed to a heat of 100° to 120° F., for a few minutes, until the sulphite, salicylic acid, and chloral are completely dissolved. A homogeneous fluid is produced which is filtered through bibulous paper, and preserved in a well closed vessel. It is an oily, colorless liquid, and insoluble in water. On application of proper tests, ingredients are found unaltered.

Prof. Rokitsky¹ (Innsbruck) has used half hourly applications of a 50 per cent. sol. of chloral in three very severe cases of diphtheria, with marked success. After the application, the membrane could be easily detached. The pain of the application was slight, and the effect rapid. Weaker solutions were used as soon as granulations appeared.

R. Chloral hydratis, 3j.
Glycerinæ, 3j.

M. Sig.—Apply locally, with a camel's hair brush.

The above is recommended in sore throat, tonsillitis, diphtheria, etc., by Dr. J. E. Chitwood.²

Dr. R. Levi³ speaks very highly of its use in this disease.

Farrini⁴ of Tunis, used chloral dissolved in glycerin with success in diphtheria.

R. L. Morre⁵ of Minnesota, used it locally in 140 cases, only seven of which he lost.

Dr. Ciattaglia⁶ (*Presse Med. Belge*. Aug. 13, 1876), has had splendid results in this disease from local application of chloral 3j. glycerin 3v. Glycerin prevents the burning sensation of chloral, and keeps it in contact with the parts longer. Uses also chlorate of potash from 32½ to 34 for children and 3v for adults, per day, in 35 drachms of water, internally. Success much greater since he has used chloral also.

Even our homœopathic friends are using and speaking highly of this agent. Witness the following:

1. *Med. Chirurg. Rundschau*, 1879.

2. *Phil. Med. and Surg. Reporter*. Nov. 22, 1879.

3. (*Gior. Veneto di Science Med.*, March, 1876). *Bull. de Therap.* Vol. 97, p. 383.

4. *Med. and Surg. Reporter*, June 8, 1878.

5. *Med. and Surg. Reporter*, Aug. 17, 1878.

6. *Med. Times and Gaz.*, Nov. 18, 1876.

1. (*London Med. Record*, Nov. 15, 1876). *Monthly Abstract*, Jan. 1877.

Before speaking of what may be considered as a last resort—tracheotomy—I would call attention to a drug which has been employed empirically by both schools of practice in England, namely: chloral hydrate. My experience with the drug in croup has been very slight, but Dr. John Barclay mentions several cases where all chance of recovery seemed removed, that were saved by the administration of chloral. "Before the chloral was given," he observes, "the respirations were from sixty to seventy per minute, the pulse varying from 144 to 156 and weak; the dyspnoea was extreme, and the voice and cough now close and dry. Within two hours after the first dose, great relief in the breathing was observed, the child slept half an hour at a time, the respiration and the pulse fell a little, and, what was more curious, a very copious exudation of mucus began in the larynx and trachea. Indeed, so great did this become that it was necessary to raise the child every half hour, when a little water or sherry was given to produce a cough, by which the air passages were cleared of the mucus. * * * Gradually the pulse fell and the respirations became slower, till at the end of twenty-four hours the former was only 108 and the latter 30. This treatment was persevered in for forty-eight hours, after which milk and sherry only were given. The recovery was slow but steady."

The dose advised is one grain for each year of the child's age, and administered every six hours. In apparently hopeless cases it is certainly worthy a trial, more especially since the present state of our strictly homœopathic therapeutics in croup is far from encouraging."

LARYNGISMUS STRIDULUS.

William Stuart,² surgeon to Beckett hospital and dispensary, says that he has had great success in the treatment of this disease with chloral. To children 6 mos. old he gives 2 grains three times a day; 12 mos. $2\frac{1}{2}$ gr. t. i. d.; 2 years, 3 gr. t. i. d. He has never had any ill effects from its use. Dr. J. W. Hickman³ of Delta, Penn., has also used it with success.

Dr. John Barclay⁴ has used it in true croup with success in one case, and advises its use in others.

CORRESPONDENCE.

PARIS LETTER.

MEDICAL JOURNALISM—PASTEUR VS. GUÉRIN—FORENSIC MEDICINE—THE PROCUREUR GÉNÉRAL AND MEDICAL EXPERTS—SIMULATION OF LESIONS—INDEPENDENCE OF THE FRENCH MEDICAL MILITARY SERVICE—THE COLD BATH IN CEREBRAL RHEUMATISM—COSMIC INFLUENCES AND DISEASE—MORTALITY OF PARIS.

PARIS, Nov. 26, 1880.

The Faculté de Médecine re-opened November 3. Professor Laboulbène began his lectures on history of medicine by an address on medical journalism, which is not likely to be severely reviewed. Quarter of a century ago the highest authorities in the medical profession of France were sworn enemies of medical journalism. Now, our medical journals number among their most valued patrons and contributors, those who formerly were so avowedly hostile to them. The professor concluded his speech with a warm cry of "Honneur à la Presse médicale!"

War was lately declared in the Academy of Medicine between M. Pasteur and Dr. Jules Guérin. The minister of agriculture had applied for and obtained from the national assembly an appropriation of fifty thousand francs, to aid M. Pasteur in his researches upon the germ theory of disease. At the September 28 session of the Academy, Dr. Guérin asked M. Pasteur the nature and action of vaccine virus. M. Pasteur replied that he was not as yet prepared to answer that question. At the next session, on October 8, Dr. Guérin raised an objection to the ministerial favor shown to a "secret remedy," a term equivalent in French to a quack medicine. To this insult M. Pasteur responded, affirming that the inventor of an anti-infectious india-rubber pump had no right to interrogate him. These remarks were followed by great disturbance, the friends of the antagonists being obliged to restrain them from doing personal violence to each other. M. Pasteur afterward apologized for his violent language, stating that when bitterly attacked he was accustomed as bitterly to resist.

On October 26, M. Pasteur described the chicken cholera vaccine, and explained its action when more or less attenuated. (An account of M. Pasteur's researches and their results was published in the Review of December 20, 1880.—ED).

1. N. Y. Homœopathic Times, December, 1879.

2. Lancet, May, 1878.

3. N. Y. Med. Record, January, 1880.

4. (Lancet, Sept. 20, 1872). Practitioner, 1872, p. 297.

The feeling of the medical fraternity is that M. Pasteur was right in asking delay, and the Minister a little too sanguine in proclaiming not sufficiently tested results. Perhaps it would be better if Parliament should patronize more than one man in order to achieve such a success as the general prevention of infectious diseases. The names of Bouley, Colin and Davaine are obvious in this regard.

M. Dauphin, procureur général of the court of Paris, in his opening address November 3, said that forensic medical researches were made away from the presence of the culprits, by men who were liable to be misled by their own scientific prejudices, or by their inability to leave the beaten track, into which their familiarity with courts of inquiry had led them. A number of the prominent men in forensic medicine, Drs. Bergeron, Gallard, Ladreit, de la Charrière, Blanche, Bouchereau, Lasègue, Legrand du Saulle, Voisin and some others, were called together by Brouardel, professor of forensic medicine, and, taxing the judges of inquiry with having infected their medical advisers with a fever for prosecution, resolved to pay no farther attention to requisitions which might be made by the judges. The judges themselves also protested. M. Dauphin now took the wise course of explaining that he appreciated the learning, impartiality, diligence and honor of the experts, and had only tried to illustrate theoretically the necessity of a restraining influence in every legal proceeding. The fact is that a few years ago, public opinion had been roused against one of the above named experts in the case of the herbalist of St. Denys, beheaded for having poisoned his wife. At this trial an adversary of the expert offered to swallow such doses of sulphate of copper, as the expert claimed had caused death. He also startled the public in the case of Billoir, who killed and cut in pieces a woman, by the perhaps correct opinion that the cutting had begun while the woman was still breathing. This occurred before the death of Professor Cardieu, who was a firm friend of the magistrates. Professor Brouardel, who was placed in the chair of forensic medicine by the reaction against Cardieu's prejudices, is a thoroughly practical medical man, of clear mind and sound judgment. He has inaugurated the practical teaching of forensic medicine in his post mortem lectures at the Morgue. It would be well if

magistrates of every degree should attend and assist in these conferences, in order to better understand the work of medical experts. It would be well, also, for magistrates to take part in the examination of the insane arrested by the police, which are made by Professor Ball at the temporary asylum at St. Anne.

Professor Fournier, one of the latest Academicians and clinical lecturer on skin and venereal diseases, stated in the session of October 26, that he was glad to have his opinion regarding the duty of the expert in some cases of his special practice enforced by the authority of a member. The simulation of lesions to give foundation to false accusations of rape is not so rare as might be supposed. Sir Astley Cooper said (*Lancet* 1824, III and IV, 275), that he had seen more than thirty such cases, and that many men had been hanged by conspiracies of this kind. Professor Fournier has succeeded in extricating an innocent man from a similar plot by coaxing the girl and threatening the mother until they confessed. He also thinks a medical man should go farther and expose any such plot. That was not generally approved; but suppose Sir Astley Cooper had saved the life of one of the wrongly-hanged by such a revelation, do you think he would have been taxed by Hippocrates on that bourne from which he is never to return, for having violated his professional oath?

Dr. LeFort, professor of operative surgery, wrote an article in the *Revue des deux Mondes*, of November 1, on military medicine with respect to military administration. This was another attempt (the first being made in the *Revue des deux Mondes*, November 1, 1871,) to crush the incubus of French medical military service, namely; its subserviency to military commandants. Prof. LeFort stated that a decree of the government in 1848, proclaimed the medical military service independent, but did not make it so, and that in 1865, Napoleon III proclaimed and kept it dependent. The law examined by the Chamber of Deputies in 1874, and accepted by the Senate in 1876, is now about to pass to its second reading in the Chamber of Deputies. During this time, every other country of Europe, Spain alone excepted, have accomplished the good work of making the medical military service independent. Professor LeFort praises the United States for having in 1866, under exclusive medical direction, opened 212 hospitals, with 136,894 beds, capa-

ble of accommodating at one time, 143,318 wounded soldiers, and in which 2,247,403 patients received treatment. There is a hope that, whatever may be the high influences opposing the proposed law, something may at last be done to rescue our worthy military brothers from their bondage.

Dr. Maurice Raynaud, an Academician, presented a paper at the sessions of November 16 and 23, on the cure of cerebral rheumatism by the cold bath. Dr. Woillez had previously advised the use of the cold bath at 20° C. every three hours until shivering ensued. Dr. Raynaud, however, approaches more nearly to your American method, and gives first a bath at 30° C. the temperature of which is to be lowered gradually to 22° C. or 23° C. generally, to 16° C. in exceptional cases. Shivering is not the symptom observed by Dr. Raynaud for the cessation of the bath, but the falling of the rectal temperature to 38° C.

An aspirant member, Dr. Ernest Besnier, read a paper November 23, on the statistics of prevalent diseases, which he has sedulously registered for the Société Médicale des Hôpitaux for twenty years. Dr. Besnier says the time is come to examine again the too neglected Hippocratean theory of the cosmic influences. His statistics prove that typhoid fever causes about 1,200 deaths a year in Paris, a twelfth part of the total mortality. There are twice as many deaths in the autumn and the summer as in the spring, the greatest mortality being between July 1 and October 31.

The city of Paris publishes weekly, under the direction of Dr. Bertillon, a bulletin of meteorology, demography and social economy, from which it may be seen that in the last week (from November 12 to 18.) there have been in Paris 988 deaths. The previous week, 1,047—typhoid fever, 36 instead of 46; small-pox, 15 instead of 26. Diphtheria has abated from 49 to 29. Cerebro-spinal diseases are astonishingly prevalent, 113 deaths having occurred. M.

ANTIDOTE FOR CARBOLIC ACID.—Sulphuric acid in moderate doses is recommended by Dr. Stanfleben, of Russia, as an antidote for carbolic acid. The two acids are said to combine and to form a non-poisonous compound. According to the Medical Herald of Louisville, Kentucky, it is to be given in simple syrup and the syrup of gum arabic. Success depends upon its early administration.

NEW YORK LETTER.

NEW YORK, January 10, 1881.

RECEPTION TO PROF. BARTHOLOW.

At the close of the last lecture of Prof. Bartholow, upon the Cartwright foundation in this city, he was tendered a reception by Dr. Robt. F. Weir, president of the alumni association of the College of Physicians and Surgeons. A large number of distinguished members of the profession were present, and all united in congratulating Dr. Bartholow upon the brilliant success of the opening course of lectures. It is to be hoped that the alumni association will be as fortunate in future years in their selection of lecturers. It cannot be doubted that the course will continue to be regarded, as it has been this winter in medical circles, as the chief event of the season.

HOSPITAL SATURDAY AND SUNDAY.

The interest excited last year in the hospitals by means of the appointment of a Hospital Saturday and Sunday, in imitation of a similar custom in England, has not been allowed to die out. It was thought best by those who had the matter in charge, to select for this purpose some time during the holiday season, when kindly feelings are uppermost and sympathy more easily excited. Christmas day and the following Sunday were accordingly chosen and facilities offered by means of boxes placed in various conspicuous places—the hotels, theatres, and elevated railway stations—to those who felt inclined to contribute. On Sunday collections were made in the churches of all denominations. The result has been most gratifying to those interested. Over \$50,000 were raised, more than double the amount obtained last year. This sum will be divided among the hospitals which are dependent upon charitable contributions for their support, and will doubtless be expended to the best advantage. It seems as if a charity which makes so strong an appeal should not be confined to a single city. The result here has shown that when once a call for benevolence is heard, there will be no lack of response; and the effort to establish a Hospital Sunday is certainly worthy of imitation in every city of the land.

NEW REMEDIES.

Those who are fond of new remedies may not be uninterested in an account of the trial of cactus grandiflorus made recently in Bellevue hospital. An alcoholic fluid extract of the flowers of this plant, which

is widely known under the name of night blooming cereus, has been used. Its action is very similar to that of digitalis. It slows the action of the heart by increasing the length of diastole, and increases the force of the systole. It is consequently a heart stimulant, and is indicated in those affections in which there is irritation or imperfect action. In valvular diseases it has been used when there was a lack of compensatory hypertrophy, and where dilatation had diminished the heart power. It has also proved of benefit in functional diseases of the heart, palpitation, cardiac neuralgia, and angina pectoris. Its advantages over digitalis are its pleasant flavor, its small dose, from 5 to 20 drops being the usual amount given, and the fact that it seldom disturbs the stomach. In these cases, therefore, when digitalis disagrees and causes nausea and vomiting, this drug may be used to produce the desired effects upon the heart. It also acts as a diuretic, probably by increasing arterial tension in the vessels of the kidney. But in this respect its action is less reliable than that of digitalis. It is being used with satisfaction in private practice as well as in the hospital, and will probably obtain favor as it becomes more widely known.

Another new remedy is the fluid extract of coto bark, a powerful astringent. It has been used in obstinate diarrhoeas and in dysentery, having a special action upon the intestinal mucous membrane. In the diarrhoea of phthisis, and in chronic diarrhoea due to a relaxed condition of the intestinal coats with loss of muscular power, it is of considerable service. Its mode of action remains to be determined. It can hardly be due to any local effects, as the dose, from 1 to 5 drops, is too small to allow of its coming in contact with a sufficient surface of the diseased intestine. In whatever way it produces its effects, they are certainly decided, and in many cases which have resisted other remedies, it has proved beneficial.

ASYLUM REFORM.

Perhaps the most satisfactory result of the investigation of the senate asylum committee, held in this city during the past month, has been the awakening of public interest in the subject of asylum reform. There is nothing with which it is more difficult to contend than indifference, and those who have been laboring for the past two years to bring about a change

have felt the need of the support of public opinion. It is easy to escape detection when attention can be diverted, but when a subject begins to be made prominent, especially if it is one calculated to arouse the sympathy of people, an immense power is at once brought to bear to remedy abuses. Thanks to the efforts of members of the Neurological Society of this city, a sufficient number of facts were brought to the knowledge of the state legislature last winter to make an investigation of the existing condition of asylums a matter of necessity. Their efforts are now rewarded by the interest excited in the public mind in the results of that investigation. The reports of the meetings of the committee filled several columns of the daily papers for over a week, and elicited editorial comment. It became evident to all at once from the overwhelming testimony of those who realized the evils they were seeking to root out, and from the weak defense of the interested parties, that a reform was necessary, and must be brought about. The investigation cannot fail to result in some decisive measures involving radical changes in the conduct and supervision of asylums. And it will be no longer possible for the delinquent parties to escape through political influence. The report of the committee is awaited with interest, and prompt action of the legislature will be demanded. It is to be hoped that such outrages as those detailed in a recent number of the Review will very soon be impossible in our state institutions.

BELLEVUE HOSPITAL REPORTS.

I. *Interstitial hepatitis.* The patient, a female 29 years of age, stated that she had been perfectly well up to two months previous to her admission to the hospital. She admitted that she had used liquor to some extent for several years, usually drinking brandy undiluted. When first taken ill she complained of a dull, gnawing pain under the border of the right ribs, and in her back, which was followed in the course of a week by slight jaundice, nausea, vomiting and headache. These symptoms continued until three weeks before admission when, after an exposure to cold, they became suddenly aggravated, her bowels become constipated and her urine scanty and high colored. The pain in the side increased constantly and the vomiting had been so severe that she had become very weak. No history of syphilis, no history of biliary

colic, nor of dysentery could be obtained. On admission the patient was found to be moderately jaundiced; the abdomen was swollen, and tympanitic, except on the right side, where it was flat from the mamma to the crest of the ilium, the flatness extending inward to the border of the rectus abdominis muscle. The region over the liver was so tender that palpation was impossible, and the tenderness extended down to the crest of the ilium on the right side. The patient complained much of pain, and vomited all her food. Her temperature was 102° . As she had had no movement of the bowels for several days, enemata were given, which were followed by small evacuations. She was put upon a diet of milk and lime water, and leeches and hot fomentations applied over the painful region of the abdomen. In the course of two days the stomach became less irritable, and the abdomen slightly less tender. The liver could then be mapped out, and was found to be greatly enlarged, measuring 7 inches in the mammary line vertically. Its edge was felt to be sharp. The flatness had disappeared in the region of the crest of the ilium. The jaundice still persisted and seemed to be increasing. The patient was then given gr. x of calomel, with gr. xv sod. bicarb, which produced copious passages, accompanied by griping pains. The passages were clay colored but did not contain any pus. As the pain continued morphia was given p. r. n. The temperature varied from 100° to 102° , rising in the p. m. During the next two days there was a temporary rise of temperature to 105° and the patient had one chill, but subsequently the temperature did not reach 101° and the chill was not repeated. The nausea and vomiting subsided in the course of the first week almost wholly, but the pain and tenderness in the hepatic region continued and required local applications and the further use of morphia. Eight days after admission the patient had the first natural movement of the bowels and seemed to be improving in general condition. From this time there was a steady progress for 10 days toward recovery, the symptoms subsiding, the jaundice disappearing, though not entirely, and the pain being decidedly relieved. The area of hepatic flatness at the same time was markedly decreased, until in the mammary line the liver extended vertically but 5 inches, instead of 7. The patient had been taking sod. bicarb gr. xv, t. i. d., and her bowels

were kept open by the use of Epsom salts. Though suffering but slightly she seemed to be very dull and melancholic, refused to talk with other patients, and attempted to misrepresent her condition to the physicians. On the eighteenth day there was a return of the severe pain and tenderness, and the jaundice increased decidedly. A friction sound was heard for the first time in the region of the liver. Leeches were applied to the right hypochondrium, and the patient was given a purgative dose of calomel, followed the next morning by an ounce of magnes. sulph. After the free movement of the bowels, produced by these means, the patient felt more comfortable. She was then ordered nitromuriatic acid gtt. x, t. i. d.; also to be sponged daily with water acidulated with nitromuriatic acid. The sod. bicarb. was discontinued. Under this treatment she made gradual improvement, and at the end of two weeks the symptoms having entirely disappeared, she was discharged cured.

This case was interesting, both as regards diagnosis and treatment. The painful enlargement of the liver, with the great tenderness, febrile movement, and constitutional disturbance, seemed to point to the presence of an abscess. But the fact that the enlargement was uniform, together with the subsidence of the symptoms and decrease in size of the liver without the appearance of pus in the evacuations, made it evident that the diagnosis of interstitial hepatitis was correct. The very great and persistent enlargement indicated a process more severe than simple congestion; and the moderate degree and variation in the intensity of the jaundice, as well as the great size and tenderness of the liver showed that the symptoms could not be due to an obstruction or inflammation of the biliary passages or bile ducts. The diagnosis of interstitial hepatitis was favored by the history of alcoholism, and by the presence of an enlarged spleen and hemorrhoids, both of which pointed to an obstruction of the portal circulation. Moderate jaundice, slight gastric symptoms, and moderate pyrexia, were also symptomatic of the disease. The absence of ascites was not unnatural, as this symptom is one of the last to appear in the course of hypertrophic cirrhosis. The acute tenderness occurring at intervals and subsiding under treatment by counter-irritation, was considered to be due to inter-current attacks of perihepatitis, and this opinion was confirmed by the

presence of a friction sound during the last attack. The treatment pursued was that recommended by Murchison in these cases, viz.: free purgation to remove the congestion, alkalies to quiet gastrointestinal irritation, and later the use of nitromuriatic acid. The favorable termination of the case demonstrated the propriety of these remedies.

II. *Cirrhosis of the liver, ascites, paracentesis.* The patient, an old woman, came into the hospital suffering from great distension of the abdomen. The history was one of alcoholism, followed by cirrhosis, and the distension being evidently due to fluid, the patient was tapped and 300 ounces of serous fluid drawn off. Bandages applied over the incision did not prevent a considerable amount of fluid from draining off during the next 24 hours. The interesting feature of the case was the occurrence of mild delirium, succeeding in a few hours the evacuation of the fluid. This has now been noticed in two other similar cases and is worthy of mention, as it is not spoken of in the books. The simplest explanation seems to be, that the sudden evacuation of fluid from the abdominal cavity relieves, to a great extent, the pressure to which the large vessels, especially the veins, had been subjected, and induces a flow of blood to them. This in turn produces anæmia of the brain, to which cause the delirium may be ascribed. The treatment of the condition is accordingly to administer heart stimulants rather than nerve sedatives, and this has in fact been successful. s.

AMERICAN PORK.—A writer in the *Journal de Pharmacie et de Chimie* has found the following parasites in American pork, viz.: *Tricocephalus dispar*, *Stephanurus dentatus*, *Echinorhynchus gigas*, *Cisticercus cellulosa*, *Fasciola hepatica*, and *Distomum lanceolatum*. He also asserts that *trichina spiralis* is not uncommon in American hams. We learn from the same source that in 1878, 260,000 swine were destroyed in North Carolina alone by a special contagious disease, and that at "Chicago, diseased animals are killed and prepared for exportation without scruple." Surely, if all these allegations be true, it is time we should return to the old Jewish custom and exclude pork from our tables.

REVIEWS.

IS CONSUMPTION CONTAGIOUS? By H. C. Clapp, A.M., M.D. Boston: Otis Clapp & Son. 1881.

In this handsome brochure of 178 pages the author discusses with great earnestness whether consumption is contagious, and whether it may be transmitted by means of food from diseased animals. While attempting to bring out both sides of the question the author leans decidedly toward the affirmative. Admitting that the proof is not yet absolute, he insists that in our present state of doubt we should take all precautions against the transmission from patient to patient by means of the breath. He quotes twenty-five cases, collected mainly from French sources, which speak strongly for the possibility of phthisis of husband and wife attacking the mate or even the constant nurse. In the following chapters he refers to the numerous experiments proving the possibility of inoculating animals with tuberculosis, and establishing the specific nature of the disease. As regards the identity of the pearl disease of cattle with tuberculosis, he abstains from personal opinion, but evidently leans toward the skepticism of Virchow. He insists, however, on the possible danger of eating meat or milk of diseased animals, and demands hence legal supervision of these supplies. In the discussion on the inoculability of tubercle, we fail to find reference to the researches of Klebs and of Schüller on the successful cultivation of bacteria from tubercles, possessing the power of reproducing tuberculosis. Otherwise, the book is very complete in its references to literature on the subject. But the facts obtained by others are simply reproduced, with as much comment as must force itself upon any intelligent reader by studying the facts. There are no views presented original with the author, nor even any discussion of any novelty. It creates the impression that while it would have been a very readable journal article, it has been artificially expanded into book-shape by verbose definitions and quotations of antiquated and even unsupported opinions.

CONJUNCTIVITIS.—Dr. J. H. Emerson, before the New York Clinical Society, reports a case of conjunctivitis from the internal administration of chloral hydrate.

SCHOOL AND INDUSTRIAL HYGIENE. By D. F. Lincoln, M. D.

THE SKIN IN HEALTH AND DISEASE. By L. Duncan Bulkley, M. D., Philadelphia: Presley Blakiston, 1880. Jansen, McClurg & Co., Chicago:

These two little books belong to the series of American Health Primers, published by Presley Blakiston. They are likely to be of service to the public, if they receive the attention they deserve. Dr. Lincoln gives in a very condensed form a very large amount of useful sanitary information, which, if acted upon by school boards and architects, would save a large amount of suffering, disease, and physical degeneracy. Dr. Bulkley tells in a brief, but still rather complete way, about the various forms of skin troubles that are likely to be observed in this country or elsewhere, and corrects many popular errors extant in regard to these matters. He makes his book about as easy and pleasant reading as it can be, on its special subject. Both books are well worth buying and deserve a wide circulation.

A MANUAL OF MINOR SURGERY AND BANDAGING. By Christopher Heath, F. R. C. S. Sixth edition. Revised and enlarged, with one hundred and fifteen illustrations. Philadelphia: Lindsay & Blakiston, 1880. Jansen, McClurg & Co., Chicago. \$2.00.

This book may be reviewed by simply saying that an examination has shown that the author's preface characterizes the work with entire fairness. The following is an abstract of the preface: The author's primary object in writing this book has been to offer young house surgeons and dressers, some hints on the treatment of the common emergencies and accidents which come under their care. The repetition of matter which might be found in other handbooks has been avoided as far as possible by the author, who has called attention rather to those minor points, which are imparted only by oral instruction or by the imitation of predecessors.

PORRO'S OPERATION.—The first successful Porro's operation in America was performed September 22, 1880, by Dr. Elliott Richardson, of Philadelphia. He operated by the Müller method. His report of the case, with illustrations, may be found in the American Journal of the Medical Sciences, January, 1881.

MARINE HOSPITAL SERVICE.

OFFICIAL List of Changes of Stations and Duties of Medical Officers of the U. S. Marine-Hospital Service. October 1, to December 31, 1880.

Bailhache, P. H., Surgeon. Detailed as chairman board of examiners of candidates for promotion. Oct. 6, 1880. To proceed to Norfolk, Va., as inspector. Nov. 1, 1880. Detailed as as president board of inquiry to meet in St. Louis, Mo., Nov. 17, 1880. Nov. 9, 1880. Upon conclusion of duties under orders of Nov. 9. to proceed to Dubuque, Iowa, Lacrosse and Milwaukee, Wis., Chicago, Ill., Detroit, Mich. and Buffalo, N. Y., as inspector. Nov. 10, 1880.

Miller, T. W., Surgeon. Detailed as member board of inquiry, to meet in St. Louis, Mo., Nov. 17, 1880. Nov. 9, 1880.

Purviance, George, Surgeon. Detailed as recorder board of inquiry to meet in St. Louis, Mo., Nov. 17, 1880. Nov. 9, 1880. Upon conclusion of duties under orders of Nov. 19, 1880, to proceed to Louisville, Ky., as inspector. Nov. 19, 1880.

Doering, E. J., Surgeon. Granted leave of absence for thirteen days from Jan. 3, 1881. Dec. 29, 1880.

Smith, Henry, Passed Asst. Surgeon. To proceed to Key West, Fla., and assume temporary charge of the service at that port. Dec. 13, 1880.

Fisher, J. C., Passed Asst. Surgeon. Detailed as recorder board of examiners of candidates for promotion. Oct. 6, 1880.

Keyes, H. M., Asst. Surgeon. To report to president board of inquiry, Nov. 17, 1880. Nov. 10, 1880.

Cooke, H. P., Asst. Surgeon. To proceed to Galveston, Texas, and assume charge of the service at that port, relieving Assistant Surgeon Guitéras. Dec. 14, 1880.

Heath, W. H., Asst. Surgeon. Granted leave of absence for twenty days from Oct. 21, 1880. Oct. 20, 1880. To proceed to Buffalo, N. Y., and assume temporary charge of the service at that port, relieving Assistant Surgeon Cooke, Nov. 18, 1880. To assume charge of the service at Buffalo. Dec. 14, 1880.

Guitéras, John, Asst. Surgeon. To proceed to Galveston, Texas, and assume temporary charge of the service at that port, relieving Passed Assistant Surgeon Smith. Dec. 13, 1880. When relieved by Assistant Surgeon Cooke to rejoin his station. Dec. 15, 1880.

Wheeler, W. A., Asst. Surgeon. To proceed to Pittsburgh, Pa., and report for temporary duty to Surgeon Purviance. Nov. 10, 1880. Relieved from further duty at Pittsburgh, and ordered to report to Surgeon Fessenden at New York. Nov. 27, 1880.

Benson, J. A., Asst. Surgeon. To proceed to Boston, Mass., and report for temporary duty to Surgeon Vansant. Oct. 15, 1880.

Banks, C. E., Asst. Surgeon. To act as inspector of unserviceable hospital property at San Francisco, Cal. Nov. 2, 1880.

RESIGNATION.

Brown, F. H., Passed Asst. Surgeon. Resignation accepted by the Secretary of the Treasury to take effect Nov. 5, 1880. Oct. 7, 1880.

PROMOTION.

Goldsborough, C. B., Passed Asst. Surgeon. Pro-

moted to be Passed Assistant Surgeon, from Oct. 14, 1880. Oct. 14, 1880.

DEATH.

Glazier, W. C. W., Asst. Surgeon. Died at Key West, Fla., of yellow fever, Dec. 12, 1880.

DISMISSED.

Keyes, H. M., Asst. Surgeon. Dismissed the service to take effect Dec. 31, 1880. Dec. 24, 1880.

THE ARMY.

OFFICIAL List of Changes of Stations and Duties of Officers of the Medical Department, U. S. Army, from Dec. 29, 1880, to Jan. 12, 1881.

Bailey, E. I., Lieut. Col. and Surgeon. Granted leave of absence for two months. S.O. 277. A.G.O., Dec. 30, 1880.

White, C. B., Major and Surgeon. Relieved from the duty assigned him in S.O., 229, Oct. 25, 1880, from A.G.O., and to report to the Surgeon General. S.O. 276, A.G.O. Dec. 29, 1880.

Williams, J. W., Major and Surgeon. To report to the commanding officer Dept. of Arkansas, for assignment to duty, temporarily, as medical director of that department. S.O. 2, A.G.O. Jan. 5, 1881.

Brown, J. M., Capt. and Asst. Surgeon. The leave of absence granted him in S.O. 264, Dec. 2, 1880, Dept. of the Missouri, is extended three months. S.O. 2, C.S., A.G.O.

Meacham, F., Capt. and Asst. Surgeon. Assigned to temporary duty at Ft. Niagara, N. Y., during absence on leave of Asst. Surgeon Price. S.O. 6, Department of the East, Jan. 10, 1881.

Price, C. E., Capt. and Asst. Surgeon. Granted leave of absence for one month and ten days, to take effect on arrival of Asst. Surgeon Meacham at Ft. Niagara, N. Y. S.O. 2, Mil. Div. Atlantic. Jan. 10, 1881.

Comegys, E. T., Capt. and Asst. Surgeon. Granted leave of absence for four months on surgeon's certificate of disability. S.O. 4, A.G.O., Jan. 7, 1881.

Carter, W. F., 1st. Lieut. and Asst. Surgeon. Ganted leave of absence for one month with permission to leave the department. S. O. 265, Dept. of Texas. Dec. 28, 1880.

BOOKS AND PAMPHLETS.

L. de Brémon, M. D., University of Paris, France. 18 W. 11th st., New York, N. Y. Phthisis Pulmonalis, and its Treatment with Hypophosphites.

Charles Denison, A. M., M. D., Denver, Colorado. Rocky Mountain Health Resorts. An analytical study of high altitudes in relation to the arrest of chronic pulmonary trouble. Second edition. Boston: Houghton, Mifflin & Co. 1881.

Seabury & Johnson, 21 Platt st., New York, N. Y. Physicians' Catalogue of India Rubber, Pharmacopœia and Surgical Plasters and Antiseptic Dressings.

L. F. Salomon, M. D., 19 Baronne st., New Orleans, La. Proceedings of the Louisiana State Medical Association, at its third meeting held in the city of New Orleans, March 31, April 1 and 2, 1880.

R. S. Dewey, M. D., Kankakee, Ill. Second Bi-

ennial Report of the Trustees, Superintendent, Treasurer and Architect of the Illinois Eastern Hospital for the Insane, at Kankakee. October, 1, 1880.

Joseph Jones, M. D., New Orleans, Louisiana. Report of the Board of Health of the State of Louisiana, for the year 1880. Extracts containing report of Joseph Jones, M. D., President, together with official correspondence with national and local boards of health, and quarantine and sanitary rules and regulations of the board of health of the State of Louisiana.

Reginald H. Fitz, M. D., Boston, Mass. Ninety-eighth Annual Catalogue of the Medical School (Boston) of Harvard University. 1880-81. Reprinted from the catalogue of the university.

C. B. Kelsey, M. D., 48 E. 30th st., New York, N. Y. The Surgical Treatment of Cancer of the Rectum. Reprinted from the American Journal of the Medical Sciences, October, 1880.

—Excision of Cancer of the Rectum. An analysis of one-hundred and forty cases. Reprint from the New York Medical Journal, December, 1880.

H. Wardner, M. D., Anna, Ill. State Medicine. An essay read before the Tri-State Medical Society, held at Louisville, Kentucky, November 10, 1880. Reprinted from St. Louis Medical and Surgical Journal, November 20, 1880.

S. V. Clevenger, M. D., 189 37th st., Chicago. Comparative Neurology. From the American Naturalist, January, 1881.

—Drug Adulterations. Reprint from the Druggist for December, 1880.

Joseph H. Warren, M. D., 51 Union Park, Boston, Mass. Hernia, Strangulated and Reducible. With cure by subcutaneous injections, together with suggested and improved methods for kelotomy. Also an appendix giving a short account of various new surgical instruments. Boston: C. N. Thomas, 215 Tremont st. 1881.

DEUTSCHES ARCHIV FÜR GESCHICHTE DER MEDICIN.—Among the exchanges we have received is the "Deutsches Archiv für Geschichte der Medicin und medicinische Geographis" (German archives of history of medicine and medical geography). This journal is now in its third year of existence: its scope is indicated by the title. Among the collaborators we find a large list of names well known in this field, including many non-German writers. The articles are of a thoroughness not ordinarily found in papers on medical history. Any one interested in this department of research will find his work facilitated by reference to these archives. The Archives appear quarterly, and are edited by Drs Heinrich Rohlfs in Göttingen and Gerhard Rohlfs in Weimar.

MORTALITY IN CHICAGO FOR DECEMBER, 1880. POPULATION, CENSUS 1880, 503,298.
Oscar C. DeWolf, M. D., Commissioner of Health. M. K. Gleason, M. D., Registrar of Vital Statistics.

ZYMOTIC DISEASES.		Marasmus—Senile.....	2	Congestion—Lungs.....	14	Congenital Deformity....	3
ORDER 1—Miasmatic.		Marasmus—Infantile.....	5	Empyema.....	1	Congenital Debility.....	16
Carbuncle.....	1	Rheumatism.....	5	Emphysema.....	1	Dentition.....	3
Croup.....	65	ORDER 2—Tubercular.		Hydrothorax.....	1	Spina Bifida.....	1
Diarrhœa.....	2	Caries of the Vertebrae...	2	Laryngitis.....	1	Tedious Birth.....	1
Dysentery.....	3	Hydrocephalus.....	2	Œdema Lungs.....	2	Umbilical Hemorrhage...	1
Diphtheria.....	107	Phthisis Pulmonalis.....	55	Pleuritis.....	1	ORDER 2—Women.	
Entero-Colitis.....	4	Tabes Mesenterica.....	2	Pneumonia.....	48	Childbirth.....	1
Erysipelas.....	6	Tubercular Laryngitis....	1	Pneumonia—Broncho....	4	Hemorrhage, Post-Partum	1
Fever—Cerebro-Spinal...	4	LOCAL.		Pneumonia—Pleuro.....	5	Puerperal Convulsions...	2
Fever—Remittent.....	5	ORDER 1—Nervous.		ORDER 4—Digestive.		Puerperal Peritonitis...	21
Fever—Scarlet.....	15	Apoplexy—Cerebral.....	13	Abscess—Liver.....	1	ORDER 3—Old Age.	
Fever—Typhoid.....	13	Congestion—Brain.....	9	Cirrhosis—Liver.....	1	Debility—Senile.....	17
Fever—Typho-Malarial...	1	Convulsions—Infantile...	9	Enteritis.....	9	ORDER 4—Nutrition.	
Measles.....	2	Encephalitis.....	1	Gastritis.....	6	Asthenia.....	3
Pyæmia.....	1	Epilepsy.....	1	Gastro-Enteritis.....	4	VIOLENCE.	
Small-Pox.....	10	Hemiplegia.....	1	Hernia.....	4	ORDER 1—Accident.	
Whooping Cough.....	6	Hydrocephalus—Acute...	2	Hepatitis.....	2	Burned.....	5
ORDER 2—Euthetic or Inoc-		Laryngismus Stridulus ..	1	Hypertrophy—Liver....	1	Gunshot Wound.....	1
ulated.		Meningitis—Cerebral.....	18	Intussusception.....	3	Explosion.....	1
Syphilis Tertiary.....	1	Meningitis—Spinal.....	1	Icterus.....	1	Exposure.....	2
ORDER 3—Dietetic.		Paralysis.....	6	Peritonitis.....	6	Scald.....	1
Alcoholism—Chronic....	9	Paralysis—Heart.....	1	Pharyngitis.....	1	Shock from R.R. Accid't..	10
Inanition.....	21	Paralysis—Brain.....	1	Stricture—Œsophagus...	1	“ Street Car “.....	1
Bronchocele.....	1	Paralysis—Lungs.....	1	Typhilitis.....	1	“ Injection Water	
ORDER 4—Parasitic.		Prog. Locomotor Ataxia..	1	ORDER 5—Urinary.		into Vagina...	1
Trichinosis.....	2	Softening of Brain.....	2	Bright's Disease.....	10	Suffocation.....	3
CONSTITUTIONAL.		Trismus Nascentium.....	1	Cystitis.....	2	Wound by fall.....	4
ORDER 1—Diathetic.		ORDER 2—Circulatory.		Diabetes.....	2	ORDER 2—Homicide.	
Anæmia.....	1	Angina Pectoris.....	1	Nephritis.....	2	Manslaughter.....	1
Anasarca.....	1	Endocarditis.....	1	Calculus.....	1	ORDER 3—Suicide.	
Cancer.....	2	Heart—Organic disease..	12	Uremia.....	2	Gunshot.....	1
Cancer—Bladder.....	1	Heart—Valvular Disease..	8	ORDER 6—Generative.		Drowning.....	1
Cancer—Bowels.....	1	Heart—Fatty Degenera'tn	1	Metritis.....	2	Poison—Opium.....	2
Cancer—Breast.....	1	Heart—Hypertrophy.....	1	Metero-Peritonitis.....	2	“ Arsenic.....	1
Cancer—Face.....	1	Pericarditis.....	1	Ovarian Tumor.....	1	Ill Defined.....	3
Cancer—Liver.....	1	Syncope.....	1	Uterine Tumor.....	1	Total Deaths.....	
Cancer—Œsophagus.....	1	ORDER 3—Respiratory.		DEVELOPMENTAL.		814	
Cancer—Stomach.....	6	Asthma.....	3	ORDER 1—Children.			
Cancer—Uterus.....	3	Bronchitis.....	21	Atelectasis Pulmonum...	2		
Dropsy.....	10	“ Capillary.....	15	Cyanosis.....	2		

WARDS.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Public Insti- tutions	Total.
Small Pox.....		1							1										8	10
Measles.....																				2
Scarlatina.....		1	2	2	3	3				1				2	1					15
Diphtheria.....	1	7	2	4	9	5	7	3	4	4	4	5	8	19	5	10		9	1	107
Croup.....			1	5	4	4	11	2	3	1	2	2	4	16	4	2	2	2		65
Whooping Cough.....		1								1			2	1	1					6
Fever—Typhus.....																				
“ Typhoid.....					2	1	2	1			1		1	2			1			13
“ Cerebro-Spinal.....							1					2	1							4
“ Malarial.....			1		1	1	1			1							1			6
Diarrhœal Diseases.....								1			1	1	1	1		1			3	9
Other Zymotic Diseases..		2	2	1	2	1	4	2	5	2	1	2		4			2		12	42
Totals.....	1	12	8	14	20	17	24	9	13	10	9	12	17	45	14	13	6	11	24	279
Phthisis Pulmonalis.....		2	2	2	6	2	8	3	1	4	3	2	1	3	2	1	5		8	55
Acute Lung Diseases....	1	2	2	1	10	14	16	9	4	3	2	3	5	12	10	6	4		7	111

Wards	Popula- tion.	Density per Acre.	Deaths under 5 yrs. of age.	Total Deaths in Ward	Deaths in 1,000 of Popu't'n.	Wards	Popula- tion.	Density per Acre	Deaths under 5 yrs. of age.	Total Deaths in Ward	Deaths in 1,000 of Popu't'n.
1	14,765	30.78	1	7	....	12	27,914	12.59	11	32	1.15
2	20,099	51.00	15	35	1.74	13	20,857	14.58	20	34	1.63
3	16,798	38.31	6	17	1.01	14	56,534	18.37	64	101	1.78
4	28,102	26.26	11	32	1.14	15	28,863	33.29	23	43	1.49
5	47,500	16.50	35	64	1.35	16	23,771	44.52	12	32	1.34
6	40,890	9.78	41	76	1.85	17	24,676	64.42	12	32	1.29
7	37,457	26.69	36	67	1.79	18	22,311	40.33	8	20	0.89
8	37,146	57.68	22	44	1.19	Public institutions...			19	61	....
9	17,477	60.35	10	30	1.71	By violence			2	35	....
10	15,754	60.61	10	26	1.65	Unknown .....			..	..	....
11	22,364	38.95	9	26	1.16	Total.....			814		

AGES.							
Under 5 years.....	367	From 4 to 5 years.....	39	From 40 to 50 years.....	68	From 90 to 100 years.....	3
Under 1 year.....	186	“ 5 to 10 “.....	65	“ 50 to 60 “.....	54	100 years and upwards..	..
From 1 to 2 years....	57	“ 10 to 20 “.....	48	“ 60 to 70 “.....	34	Unknown... ..	1
“ 2 to 3 years.....	46	“ 20 to 30 “.....	64	“ 70 to 80 “.....	29		
“ 3 to 4 years.....	39	“ 30 to 40 “.....	72	“ 80 to 90 “.....	9	Total	814

COMPARATIVE MONTHLY MORTALITY.—Dec., 1878, 622; Dec., 1879, 795; Nov., 1880, 762; Dec., 1880, 814.
Premature Births.....11. 1.617 deaths in 1,000. Still Births.....59. Annual rate per 1,000, 19.40.

Chicago Medical Review

PUBLISHED ON THE FIFTH AND TWENTIETH OF THE MONTH.

E. C. DUDLEY, EDITOR.

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VOL. III. No. 3.

CHICAGO, FEBRUARY 5, 1881.

\$2.00 A YEAR.

THE WINTER CHOLERA.—An epidemic during the past few weeks, has prevailed in this and in other cities east and west. The attack generally comes on suddenly and is characterized throughout by the absence of fever and by profuse serous discharges of the bowels, containing variable quantities of mucus. These discharges are not usually painful, but they are frequent and persistent, and, to a considerable extent, exhausting. They are frequently accompanied by tonic contraction of the abdominal muscles. They do not, according to most observers, contain an excess of bile, and sometimes this fluid seems to be very scant. Vomiting is not uncommonly associated with the movement of the bowels. The duration of the attack is generally two or three weeks, and relapse often follows the least imprudence. The prognosis is always good, no deaths having been recorded. In its present epidemic form it appears to be a new disease, or at least not so prevalent at any previous time. While it has not in itself caused death, it doubtless has complicated prejudicially many cases of exhaustive disease, and has undoubtedly in this manner acted as a powerful factor in the causation of death. We know of no cause which can produce this condition. The cause cannot be local, because the disease exists in other cities.

The popular opinion that cold is the cause, seems untenable, since it is sometimes developed in comparatively mild temperatures and has not, generally, appeared in other cold seasons. Yet it is possible that low temperature may be favorable to its production, just as high temperature is favorable to the production of Asiatic cholera. No pathologist would say that high temperature is the essential cause of the latter, nor does it seem more reasonable to presume low temperature to be the cause of the former.

It is the general impression with our local physicians that this so-called winter cholera is a follicular enteritis. With reference to the treatment, a few practitioners have been interviewed. All seem agreed that great attention should be paid to the diet, which must be rigidly non-irritating, and continued for a considerable time after the attack has passed off. This is particularly essential, because the slightest indiscretion frequently causes a reappearance of the whole trouble. The universal testimony, so far as obtained, is in favor of the free use of bismuth. Dr. De Wolf combines this with pepsin, and in the matter of diet, employs arrowroot gruel, flavored with port wine. Dr. N. S. Davis reports that his cases, mostly office patients, have all yielded readily to simple anodyne,

antiseptic and slightly astringent treatment. He has no special views regarding its cause, but believes cold to have considerable influence in its production. Dr. H. Webster Jones makes use of the following prescription: *R.* Bismuth, two drachms; codein, four grains; cherry laurel water, one-half ounce; mucilage, q.s. to make two ounces. *M. S.* A teaspoonful every three or four hours. He also employs nitrate of silver and aqueous extract of opium in pill form in doses of one-fourth grain each. He has found turpentine emulsion of much use when the irritation is marked. He lays special stress on the most scrupulous care during and after convalescence, having observed serious relapses to follow promptly upon the eating of small quantities of fruit, or even of oat meal gruel. Any slight chilliness of the surface, especially the feet, must be carefully avoided.

THE SIGNIFICANCE OF WINTER CHOLERA.—The Commissioner of Health, has grave suspicions that so general an epidemic influence so profoundly affecting large populations, has no small significance, and apprehends that we shall have in this country a very unhealthy hot season. Asiatic cholera is not much to be feared in this connection, because at the present moment, so far as known, this continent contains no germ of cholera. To those who believe in the specific poison theory, Asiatic cholera is impossible until after the germ of that disease has been planted. In view of present indications, it would at least seem that the country is prepared to receive infection of whatever variety. The season has been exceptionally productive of various acute infectious diseases. We have at least no guarantee, that with the approach of the spring and summer months, this prevailing susceptibility to the cultivation of epidemic disease will decrease. The reverse is rather to be anticipated. It is therefore time for the immediate consideration and adoption of great public sanitary measures looking to the prevention of any possible,

or probable contagious influence. The daily press should commence at once the creation of such a public sentiment as will give to the health authorities the most liberal support, both moral and financial, in the execution of all wise plans for placing the whole country, particularly the large cities, in the best possible sanitary condition. Particular attention should be paid to the efficient repair and improvement of the sewers, and to cleansing all polluted surfaces within the city limits.

THE HEALTH COMMISSIONER.—It is authoritatively reported that Dr. De Wolf, in consequence of impairment of health from constant overwork during the past several years in the discharge of his official duties, and in consequence of the petty annoyances, which only those familiar with the management of the sanitary interests of a half a million people can appreciate, is now pressing the acceptance of his resignation, which was tendered to the mayor nearly two years ago. In this connection the following resolution of the Gynæcological Society may be introduced without comment. It was unanimously adopted at the last meeting: Whereas; Much discussion and criticism of the work and efficiency of Sanitary Inspector De Wolf, has lately found its way into the public prints, leading the public to think that we have an incompetent man at the head of our city health department; and, Whereas; The members of this society fully appreciate the duties and difficulties incident to the position occupied by the chief of this department: Resolved; That the members of the Chicago Gynæcological Society, believing that the duties of Commissioner De Wolf have been performed in every respect as thoroughly as possible, desire hereby to place on public record their hearty approval of the intelligence, efficiency, and faithfulness of Dr. De Wolf as head of the municipal health department, and their appreciation of the embarrassments and difficulties attendant upon his position. (Signed.)

Wm. H. Byford, M.D.; H. T. Byford, M.D.; John Bartlett, M.D.; E. C. Dudley, M.D.; Charles W. Earle, M.D., Secretary; James H. Etheridge, M.D.; T. D. Fitch, M.D.; A. Reeves Jackson, M.D.; H. Webster Jones, M. D.; H. P. Merriman, M.D.; De Laskie Miller, M.D., President; D. T. Nelson, M. D.; E. O. F. Roler, M.D.; E. Warren Sawyer, M.D.

SMALL-POX IN CHICAGO.—The city is now agitated by the presence of small-pox. Fifty or sixty cases are reported. It is said to be of an exceptionally virulent type, and of markedly increased mortality. Chicago may be congratulated upon her comparative exemption from this disease during the administration of the present health commissioner. His plan of protecting the city was fully described in his paper, published in the January 5, 1881, number of the Review. It consists in the absolute removal to the small-pox hospital of every patient who cannot be properly isolated and treated at his home, and whose house cannot be converted temporarily into a pest-house. The value of this plan is manifest in the present limited extent of the disease, which is even now apparently under control, at a time when Philadelphia is suffering severely from hundreds of cases, when New York and Brooklyn are also afflicted, though in a less degree, and when the middle and western states show a universal disposition to receive the contagion, by the fact that variola is scattered throughout the intermediate territory between New York and the upper Mississippi valley. This plan of isolation has not only been instrumental in the protection of Chicago, but in a measure, of the territory west and northwest, because all the western bound emigrant trains passing through Chicago, have, when the occasion demanded, been boarded and examined by health officers, and suspicious cases have been detained. While it is true that the method of isolation may seem to work hardship in individual cases, and that patients must be

frequently sent to the small-pox hospital when a difference of opinion may exist respecting the possibility of efficient quarantine at their homes, it is also true that most of the criticism against this just and admirable method has been borne either of the ignorance or the malice of the critics. Few people, not excepting medical men, have much conception of what it is to protect a half million people against the incursion of a terrible epidemic. Few people, therefore, are qualified to judge intelligently of the methods employed, and ignorance begets malice.

PROFESSIONAL DIGNITY.—A very questionable sort of warfare, which has all the disagreeable qualities of personality, is raging between the editor of one of our New York cotemporaries, the Medical Gazette, and the editor of Leonard's Illustrated Medical Journal. Good medical ethics do not seem to confront either one of these unfortunate gladiators. One of them tells the other that he lies, and indulges in a questionable amount of unquestionable slang; while the other, in his attempt to crush his adversary, makes the attack upon an institution of which the adversary is a part, but which, so far as we are aware, is in no way responsible for the wranglings of these children.

FREUND'S OPERATION.—Dr. Rydygier (Berliner klinische Wochenschrift) in a recently published report of a case which terminated fatally, mentions a modification of Freund's operation which seems useful. Before opening the abdomen, he introduces a speculum and makes an incision through the mucous membrane, along the utero-vaginal junction, through its entire circumference. This, he claims, very much shortens the time during which the abdomen must be kept open, and lessens the danger of wounding the bladder or rectum. Between this and the laparotomy part of the operation, he thoroughly cleanses and disinfects his hands.

THE IDEAL TEACHER OF PATHOLOGY.—

If anatomy and physiology constitute the introduction to the general study of medicine, pathology may be considered as the immediate introduction to its practical fields. It is the great connecting link between the strictly theoretical branches on the one hand, and clinical medicine and surgery on the other. He who does his duty as a teacher in this important field will be rewarded by seeing his pupils become good diagnosticians and rational therapists hereafter; he who fails to do his duty will be responsible for the degeneration to routine mediocrity of those unfortunate enough to fall to his charge. In no branch of medical education is reform so necessary in American schools as here. Have not many of our readers been under the instructions of teachers who had never made a single microscopical preparation in their lives, who could not point out the character of such preparations as might be brought to their attention by others, who never illustrated their lectures by means of autopsies, who had no adequate idea of the normal anatomy of the organs they were supposed to demonstrate the morbid changes of, and whose instructions consisted in a series of confused readings of manuscript, the gaps in whose originality had been filled in with liberal quotations from defunct works like Greene, or translated compilations like Wagner—Uhl? Are there not such lecturers on pathology in our medical schools to this very day?

Instruction in pathology should be conducted on a plan similar to that announced in previous issues of the Review, as most advantageous for the anatomist and physiologist to follow. The teacher of pathology should begin with the tangible and concrete. Of one-sided drudges, who have amused themselves with making sections and staining them with the various cosmetics of histology, we have no dearth. There are such whose ambition in life is to invent a new staining process—borax-carminé pathologists; there are those who

have gone mad on photography, but who, like the pathologists of the Utica asylum, when it comes to generalizing and interpreting results, are compelled to negotiate a loan from Rindfleisch or some other fundamental author. These are comparable to loiterers by the way-side who pick up the instruments of a science and treat them as immature minds naturally are compelled to treat them, as toys! When to such falls the task of instructing, is it to be wondered that they overburden the minds and destroy the enthusiasm of their pupils by the dull, parrot-like repetition of unassimilated details? We have known one such whose every fourth word was "cell," and it may be imagined to what punning cognomen this fact gave origin among his students, especially when at the close of every introductory paragraph, the same luminary stated of the several structures of which he was treating, "what their function is we of course don't know."

Just as naked eye anatomy should precede the study of microscopical anatomy, so should the examination of coarse pathological changes precede the analysis of finer histological alterations, however these may lie at the basis of the former. There are many who have heard much about the minute structure of granulations, who are not familiar with the vastly more important naked eye appearance characterizing the different varieties so important to recognize in practice. Hyperæmia and anæmia of the various organs, abscesses in various stages of formation and situation, the pyogenic membrane, the infarction, the thrombus, necrosis, and gangrene, parenchymatous hæmorrhage, surface inflammation, false membranes, pyelephlebitis, bronchiectasis, valvular lesions, pyonephrosis, hydro-nephrosis, hydrocephalus, and spina bifida, are all conditions patent to the naked eye, easy of recognition and admirably illustrative of many fundamental pathological principles. If the old servant at Rokitsky's laboratory could learn to recognize these conditions and valvular lesions almost

as well, if not as well, as his master, although devoid of microscopical or any theoretical knowledge, is it not perfectly evident that with appearances so easily comprehended merely through the channel of observation, the beginning should be made.

Having familiarized his pupils with the ordinary naked eye evidences of disease, found after death, the teacher's next step is to take up those which call into exercise the faculty of logical combination; associated lesions, visible to the naked eye, or necessitating at most the employment of the lower powers of the microscope. Such school-analyses, as they might be termed, are the study of hepatic cirrhosis with its associated disturbances of distant organs; certain cardiac lesions associated with hepatic changes; pyæmia, and the multiple metastasis of certain new formations. Here the influence of cause and effect is visible without the aid of complicated or theoretical reasoning, and the student has now received that preliminary insight into pathology which will facilitate the intelligent appreciation of the purpose of the more elaborate inquiries which are to follow.

Instruction in pathology has another great analogy with anatomy and physiology. Just as the anatomist begins with the simple organism, the ovum, and the physiologist with the amœba, so the pathologist opens the systematic development of his subject, which is in order as soon as the preliminaries just mentioned have been gone through, with a consideration of the embryonic connective tissue cell. This little organism, with its numberless metamorphoses, is the ground work of modern pathological anatomy. No course on this subject is complete unless it includes a disquisition on the middle-germ layer of the embryo, and the different tissues which are developed from the originally indifferent mesoblast cell. When the student has been shown how a cell resembling the ordinary leucocyte may in the course of normal embryonic development become a

lymphoid cell, a glandular element, a muscular cell, a vascular wall cell, a large or small, spindle-shaped, pigmented or unpigmented connective tissue cell cartilage, bone or mucoid tissue, he will be ready to comprehend the multitudinous forms of morbid growths and inflammatory neoplasia which otherwise would represent in his mind so many unmeaning names. He has classified and defined in his mind the lymphoma, adenoma, myoma, cavernous growths, carcinoma, sarcoma, with its small and large celled melanoid and cystic varieties, enchondroma, myxoma, and the minute structure of pseudomembranes and sclerosed tissues.

It is at this point that the ideal teacher of pathology will lay the greatest stress on the fact that one-sidedness is the greatest drawback to a practical utilization of pathology, and that an accurate knowledge of microscopic changes is not the sole thing needful, for nine times out of ten the diagnosis of a tumor during life has to be made by methods not microscopical in character. The older method of diagnosing tumors on the strength of certain characters obtained through empirical methods, has been thrown overboard by certain of our younger microscopical enthusiasts, and it cannot be said that what the latter have offered us in place, at all satisfactorily fills the demand. The microscopical criteria adopted by various investigators of such fundamentally distinct tumor groups as the spindle sarcoma and the carcinoma are not at all uniform; a pathologist of some repute not very long ago affirmed an inflamed, suppurating and somewhat tumefied bone to be the seat of an osteo-sarcoma, and it would not be difficult to select specimens of a similar character so as to mislead many who devote considerable attention to these subjects, into the commission of equally grave and absurd errors. The teacher who will honestly state how far the microscopic methods of diagnosis are absolute and how far still uncertain, necessitating the collateral study with the naked

eye, does his pupils a far greater service than he whom one might be in doubt whether to consider an extreme enthusiast, or a devotee of charlatanry, who, after a microscopic examination of the blood, tells his patient whether he can marry or no, and how long he will live.

These are the main cautions which the teacher of pathology should obey. That he should, in addition to a thorough knowledge of normal anatomy, physiology, embryology, and the fundamental facts of medical chemistry, be a master of the dissecting art, the use of the microscope, and possess a fair knowledge of those lower forms of animal and vegetable life which interest the physician in the shape of parasites, is so evident that we need but enumerate these conditions.

The one great lesson to be inculcated to the teachers of the three fundamental medical branches, treated of in this series, is that it is better to teach a fundamental fact well, than a fine point without the fundamental fact. The anatomist who teaches his pupil the valvular mechanism of the heart without the histology of the endocardium, is worth ten anatomists who dilate on the histology of the endocardium and fail to render clear the valvular mechanism. The physiologist who properly conveys the mechanism of the chyle circulation to his class, although he omit the minute chemical composition of that fluid, does that class an actual service, while the windy medical journalist who "professes" physiology in a certain veterinary college and teaches that the thoracic duct empties into the heart, is a biped detriment, notwithstanding the elaborate table copied from Gorup-Besanez which he reads off to his bewildered victims. In like manner the pathologist who demonstrates the naked eye evidences of atheroma, ignoring the subtler changes of the capillaries, is a useful member of the profession, and much to be preferred to him who, after a short sojourn at a European laboratory, graduates into a special pathologist of some sectarian

hospital on his return, and writing elaborately on such stupendous topics as the histology of the lachrymal sac, or of parotitis, exhibits the normally present choroid plexus of the fourth ventricle, as a syphilitic neoplasm to the hospital staff.

Clearness and balance are the first requisites of the teachers of these as of all other branches of science. The intricacy of a subject is no warrant for one-sidedness or obscurity on the part of the teacher.

REGISTER OF PHYSICIANS AND MIDWIVES.—The Illinois State Board of Health is now engaged in preparing the second edition of "Register of Physicians and Midwives," and will be obliged to the profession if they will call attention to mistakes and changes of location or omissions. Secretaries of medical societies are also requested to send the roster of their officers and the names, ages, and causes of death of any medical men who have died within the last year. The Board is anxious to make the register as perfect as possible. It is also important to every one that his or her record be correct. The thanks of the profession of the state are due to the Board of Health for the excellent and full register which was issued last year. This work far exceeded in completeness the demands of the law. It is therefore proper that the Board should have a full measure of the gratitude which its voluntary labor merits.

EL MEDICO Y CIRUJANO CENTRO-AMERICANO comes to us in its December number enlarged and greatly improved in appearance. Besides a rather lengthy editorial, explaining its new departure, it contains no original matter, but is filled up with well selected extracts and abstracts taken from the medical literature of Europe and America. It is, so far as we know, the only representative of medical journalism in Central America, and it is exceedingly satisfactory to observe in it such marked evidences of prosperity.

TAPPING OVARIAN CYSTS.—Dr. John Homans, in the Boston Medical and Surgical Journal, reports twenty-five ovariectomies which he has performed during the past year, with the excellent result of only two deaths. We are surprised to read in his remarks, his opinion that “the emptying of a cyst by the slow process of aspiration is a most pernicious practice and quite harmful, while simple tapping with a good sized trocar is, in comparison, almost innocuous.” This statement is made in an oracular manner. It is unusual for medical writers to assert in such positive terms opinions which are entirely contrary to those of the highest authorities. We had supposed the use of the fine aspirator to be comparatively safe, and that of the good sized trocar to be quite dangerous; because, with the good sized trocar, a correspondingly good sized wound is made through the cyst-wall, which permits the escape of any remaining fluid into the abdominal cavity. Such fluid is irritating, and therefore perfectly capable of producing peritonitis. It is important to remember this when tapping for an accumulation of fluid in the abdominal cavity and before using the large trocar, to be satisfied that the fluid is ascitic and not ovarian, because, if ovarian, the fine aspirator needle is the only safe instrument. It is even safer, if the fluid is ascitic, than the good sized trocar, though the latter is not specially dangerous. If Dr. Homans’ opinion were correct, would not the common and innocent practice of removing small quantities of fluid from an ovarian cyst by means of the hypodermic syringe for diagnosis, be also a “most pernicious practice and quite harmful”?

ST. PAUL MEDICAL COLLEGE.—The Medical Record of January 23, 1881, publishes the following letter from Dr. Alexander J. Stone, president of the St. Paul Medical College, St. Paul, Minnesota, which we gladly republish and commend to the attention of our readers:

“Friends of the St. Paul Medical College, and of the cause of advanced medical education have been surprised to see, in two issues of your journal insinuations that the St. Paul school has no students. The first item referred to was apparently founded upon an editorial in the Medical and Surgical Reporter, of Philadelphia, which in itself bore evidences of malice, as it was undoubtedly written before the opening of our session, when we could have no students. The second notice, in your editorial of January 1, speaks of our having ‘few or no students.’ While the charge remained buried where it was born, I did not deem it advisable to answer it; but now that it has been given life in your far-reaching columns, and had the honor of your name as sponsor, I am desirous of correcting it. The St. Paul college commenced its first year with little advertising, in a frontier state, with the highest requirements of any school in the country, surrounded by lukewarm friends and a few bitter enemies, with a matriculation of eleven, which has increased to fifteen, with a prospect of further increase within a few days. The faculty received many more applications, which were declined unless the applicants would comply in letter and spirit with the regulations advertised. Although the class is small, as compared with the present classes of eastern schools, yet I believe there are very few of the older colleges that can boast of so large a class during their first year. While we never expect a very large class, nor do we deem such of the greatest value to school or scholar, we do expect an intelligent one, gathered from men with fair preliminary education, and shall not wait for large classes and great pecuniary prosperity before taking another step in advance in the cause of medical education. Knowing your extreme fairness, I am positive that you will gladly insert this correction. I only hope that other journals will copy this with a semblance of the eagerness with which they copied your charge.”

THE ANNUAL MORTALITY REPORT of the city of Chicago, not yet published, shows that during the past year there were, within the city limits, 10,462 deaths, a daily average of 28, and a yearly average of 20.79 per 1,000 inhabitants, an increase of 2.78 per 1,000 over 1879, allowing the city during that year a population of 475,000. The only large cities thus far heard from for 1880, are New York, which shows 26.47 deaths per 1,000 inhabitants; Brooklyn, 23.33; Boston, 23.53, and Baltimore, 24.21.

Over fifty-three and a half per cent. of the deaths were of children under five years, and a trifle over thirty per cent. were less than one year of age. Those who are skeptical as to human longevity, will cavil at the reported deaths of three centenarians. The so-called zymotic diseases caused 3,903 deaths, or 37.30 per cent. of the total, against a similar percentage of 36.68 for the previous year. The effect of unsanitary conditions on the mortality is well shown by the statistics of the fourteenth ward, which, with its large foreign population, deficient sewerage, and its other manifestly objectionable features, has a death rate of 27.93 per 1,000, and 15.09 per cent. of the total mortality of the city, a ratio, according to population, at least forty per cent. too large. This is notwithstanding its area and comparatively slight density of population, which is only about eighteen to the acre. If it were as densely settled as, say the twelfth ward, with its present conditions in other respects, it would raise the Chicago mortality to figures somewhat approaching those of Bombay or Vera Cruz. It is, however, the extent and the sparseness of the population in this ward, together with the character of the population, in some measure, that makes the sanitary policing so difficult; with increasing density many of its present objectionable conditions will be favorably modified. The first ward, which shows the least ratio of mortality, 8.33 per 1,000, is somewhat anomalous in its condition, it being the almost purely business part of the city. A

fairer comparison may be made with the third, eleventh, and eighteenth wards, which, considering the density of their population, about 40 per acre, with their death rates of from 11 to 14 per 1,000, may be considered as healthy as any similar areas in the world.

The tables of this report are a very interesting study, and they furnish material for further very profitable analyses. Chicago, from its peculiar situation and surroundings, affords to the sanitarian and sanitary engineer, problems of exceeding difficulty and of such a character as are not encountered elsewhere. These difficulties, however, have been met with more practical success than would seem to attend the efforts of our other large cities, but we are far from the ideal condition of sanitary perfection, and with its unprecedentedly rapid growth the city will soon present several vital problems of sanitary engineering which will demand great originality and consummate skill, and upon the satisfactory solution of these problems must depend the continuous comparatively low rate of mortality.

INCEPTION AND DURATION OF MENSTRUATION.—Dr. Bensenger (Medical Gazette), after a series of investigations in Moscow and its environs, has found that the average age of commencement of menstruation, in 5,611 cases, was fourteen years, eight months and fifteen days; that women in the upper classes generally menstruate earlier than those in the lower classes; that menstruation ended between the forty-third and forty-eighth year, and that the average persistence of menstruation was thirty-two years.

PHOSPHATE OF BISMUTH is preferred by Dr. Tedenat (Union Pharmaceutique) to the sub-nitrate. Its anti-diarrhœic effect is the same, but it may usually be given in smaller doses, one to two grammes. It may be administered in the same way as the sub-nitrate.

LOCAL.

COOK COUNTY HOSPITAL.

In the January 20 number of the Review, on page 34, under the caption of "Cook County Hospital," an incorrect announcement was made, which, being corrected, is as follows: January 1, 1881, Dr. Steele resumed the duties of attending gynaecologist and obstetrician, vice Dr. Guerin. Dr. Steele will hold a clinic on diseases of women every Wednesday from 2 to 3 o'clock P. M., during the current college term.

November 26, 1880, Dr. Fenger performed an operation which, on account of its rarity and importance, deserves a more extended notice than we shall here be able to give. It is to be hoped that Dr. Fenger will publish the report of this case in due time. The patient, an Italian, male, had a large gangrenous cavity in the right lung, extending from the second to the fifth rib and from the sternum to the posterior axillary line. An extremely offensive odor, like that of rotten eggs, surrounded the patient, and, in coughing, small quantities of greyish fetid matter were brought up. The cavernous respiration showed the cavity to be in the substance of the lung. No empyema was present. Dr. Verity withdrew, by means of a hypodermic syringe, a thin, greyish, fetid fluid from between the third and fourth ribs. Dr. Hollister very kindly consented to Dr. Fenger's suggestion of making an attempt to save the patient's life by an operation. Consequently, on November 26, the patient having been anaesthetized, Dr. Fenger made a large transverse incision between the third and fourth ribs, and one and one-half inches to the right of the sternum, dissecting carefully through the overlying soft tissues, down towards the pleura. When the intercostal muscles were laid bare, an aspirator needle was introduced to ascertain whether or not the subjacent lung was adherent. As the needle did not oscillate conformably with the respiratory move-

ments, he concluded that there was no fear of opening into the pleural cavity in this place, and consequently the knife was introduced into the cavity, giving means of escape to a quantity of very fetid matter. A counter-opening was made at the posterior border of the axilla, and, after the evacuation of a pint and a half of fetid matter, the cavity was washed out with a two and one-half per cent. solution of carbolic acid. A subsequent cough caused a coherent, yellowish-white, gelatinous mass to appear at the large anterior opening. This slipped back several times into the cavity, but was finally obtained by introducing a large forceps and the index finger into the cavity. A microscopical examination of this mass demonstrated it to be the cyst of a large echinococcus. A large drainage tube was now passed in at one opening and out at the other, and voluminous antiseptic dressing applied. The patient is now in a fair way to recover, and, unless something untoward supervenes, will leave the hospital in a few days.

This is, so far as we can learn, the first case on record of surgical treatment of cavities in the lungs, with recovery. The operation has been thrice attempted before; once for a consumptive cavity, once for abscess, and once for gangrene of the lungs, but none of the patients recovered. In one case the patient lived for nine days after the operation, but in this case, ten weeks after the operation, the patient is living and in a fair way toward recovery.

CHICAGO GYNÆCOLOGICAL SOCIETY.

The twenty-fourth regular meeting of this society was held January 21. A goodly number were present, who listened with interest and attention to the remarks of the essayist of the evening, Dr. Charles Warrington Earle, on "Certain questions relating to Diphtheria," comprising: I. The antiquity of diphtheria. II. Does its prevalence in Chicago at the present time, justify us in denominating it an epidemic? III. The present state of the etiology. IV. The

relation of diphtheria to other diseases, and V. The prevailing treatment. Diphtheria was probably known at the time of Homer and Hippocrates, and treated with sulphate of copper and honey. Aretæus early in the second century described the pharyngeal and laryngeal manifestations. In the middle ages writings upon the subject of diphtheria were very scanty. In the fifteenth century and from that to the present time, frequent epidemics have occurred in almost every country, and, in consequence, the literature is abundant.

The first appearance of the disease in this country was in 1659, and it was then denominated the "malady of bladders in the wind-pipe." In the eighteenth century a correct description of the disease, with recommendations for antiseptic and stimulant treatment, was written by a New Jersey clergyman. Dr. Rush, in 1791, did not recognize any difference between croup and diphtheria. He enumerated at that time under anginose diseases, malignant sore throat, scarlet fever sore throat, cynanche trachealis, or what is called croup, and hives. Since that time the literature on this subject has been abundant. In examining the Chicago mortality reports since 1852, Dr. Earle thinks it probable the deaths reported previous to 1859 from cynanche maligna and tonsillaris, were from diphtheria.

In discussing the etiology of the disease, the essayist referred to the bacterian theory as not proven. In enumerating the causes, he considers it particularly important to investigate the influence of age, climate, seasons, social relation, influence of filth and bad hygienic surroundings and sewage. The author in this connection, stated that the larger proportionate population of the 14th ward, the fact that 35,000 of its inhabitants live five feet below grade, the number of families in one dwelling and the augmentation of its population during the past few months all tend to explain why the mortality of this ward is greater than any other in the city. Maladies akin to diphtheria, as puerperal fever, pyæmia and

erysipelas, have been very prevalent in the last few months. The author here quoted statistics of the deaths from various zymotic diseases during 1879 and 1880, demonstrating the great increase in mortality during the past year from these causes. He refers the common cause for this increase to atmospheric peculiarities. In discussing the question whether croup and diphtheria are identical, the essayist said that he could see no good reason for making a sharp line of demarcation between the two diseases, and that it seemed to him that it was the same great process in both, causing death in one from slow blood poisoning or exhaustion, and in the other more quickly from stenosis. The arguments in favor of the diseases being identical, are: I. There is absolutely no difference in the exudation. II. It has been claimed that one disease is sthenic and the other asthenic. Death in some cases supervenes so quickly as not to give opportunity to produce prostration and sepsis. III. The assertion that the cervical glands are swollen in diphtheria and free from infiltration in croup, the anatomy of the lymphatics in this part of the body fully explains. IV. The statement that albuminuria, never follows croup and is frequently noticed as one of the sequelæ of diphtheria is disproved by such authorities as Mackenzie and Steiner, who state that albuminuria is frequently present in true croup. V. The same authors' statements disprove the assertion regarding paralysis as a differential sign. VI. The question of the contagiousness of diphtheria and non-communicability of croup is also doubtful, as in croup if life is prolonged until the membrane commences to break up, the emanations appear quite as contagious as those of diphtheria.

The prognosis in the laryngeal variety of diphtheria is unfavorable, in the nasal and pharyngeal varieties more favorable, but dependent upon local disinfection to a great degree. Dr. Earle uses the following prescription for an adult. $\mathcal{R}$ Potassii Chloratis, one drachm; Acidi Muriatici. twenty-four to

thirty-two drops. Mix in bottle. Slightly agitate, adding a little water. Add one and one-half ounces of glycerine and the same amount of water. Swallow or gargle a small teaspoonful every half hour. The remedies usually used may be classed under three heads: I. Antiseptics. II. Tonics. III. So-called specifics.

As is usual in the meetings of this society, and refreshing as compared with the apparent fossilization of other medical societies in the city, the discussion of the paper of the evening was spirited and instructive, and evidenced the deep interest taken by the members in their society work.

Dr. H. Webster Jones said that he formerly believed diphtheria and croup to be two distinct diseases, but that more recently his belief had been somewhat shaken. He thought that one of the chief duties of the physician was to better the nutrition of these children and to pay particular attention to the clothing. As regards treatment, he was in favor of the use of phenol sodique, used frequently and at full strength. He applies it with a gilder's brush. He had also used ammonium muriate with benefit, turpeth mineral as an emetic, and occasionally a blister. Alcoholic stimulants are indicated and he advises to husband the strength of the patient and recommends as an adjuvant, to keep the patient in the prone position.

Dr. H. P. Merriman believed the disease to be general at first and that paralyses were common sequelæ of diphtheria.

Dr. J. H. Etheridge believed that if care were taken to keep children perfectly healthy, they would not contract such diseases. He spoke at considerable length of the diagnosis, believing that a large number of the cases diagnosed as diphtheria were in reality herpetic or follicular tonsillitis, and that the disease is local.

Dr. D. T. Nelson spoke of the results of treatment with sulphurous acid and also advised strongly that the use of alcoholic stimulants be pushed to the utmost in critical cases.

Dr. John Bartlett gave an exhaustive review of the entire subject, recommending the treatment by inhalations of lime, and describing his apparatus for its administration.

Dr. H. T. Byford also related his experience, which had been considerable. The resolutions of confidence in Health Commissioner DeWolf, which will be found in full, elsewhere in this number of the Review, were then adopted by the society.

The next meeting of the society will be held on Friday, February 17, 1881, when Dr. H. Webster Jones will present a paper entitled, "The Pessary."

ACTION OF FERRICYANIDE OF POTASSIUM ON MORPHINE.—Polstorff (Besichte d. Deutch. Chem. Gesell.) has discovered that when two molecules of morphine are subjected to the action of ferricyanide of potassium (red prussiate of potash) a molecular condensation takes place. The two molecules lose each an atom of hydrogen and then combine. This new compound is called oxydimorphin. It is nearly insoluble in water, alcohol, chloroform and ether. The sulphate of oxydimorphin resembles somewhat the ordinary sulphate of morphine, but is somewhat less soluble in cold water. The physiological action of this body has not yet been fully investigated.

PRURITUS VULVÆ.—Scarification of the cervix uteri is said frequently to relieve the distressing symptoms of pruritus vulvæ. This result may be due to some obscure effect which takes place through the nerves, when the affection is of a nervous character; or if it be due to an irritating uterine leucorrhœa, the relief may come from the fact that local depletion of the cervix, by lessening the uterine congestion, therefore renders less irritating the uterine discharge.

PUBLISHERS' NOTICE.—The publishers of the Review will pay fifty cents per copy for numbers of the issue of October 20, 1880, if forwarded to their office.

CONTRIBUTIONS.

*CARBUNCLES.**Their Antiseptic and Abortive Treatment.*

BY H. C. HOWARD, M.D., CHAMPAIGN, ILL.

I have for many years employed a plan in the treatment of carbuncles which has been so satisfactory in its results that I have no hesitation in offering it to the profession, feeling assured that trial will demonstrate its value.

Let a piece of ordinary court-plaster, isinglass plaster preferred, be trimmed in circular form so that the plaster, if laid over the carbuncle, will extend about two inches on every side beyond its base. Cut out from the center of this plaster a circular piece large enough to expose the apex of the carbuncle and a considerable part of its body, sometimes even the entire body, when the tumefaction is not very great. This plaster is to be moistened and made to adhere firmly around the base of the carbuncle. Then apply freely to the exposed portion crystallized carbolic acid, spreading it on in considerable quantity by means of the point of a spatula or knife, being sure that the plaster adheres to the surrounding tissues so firmly as to protect them from the acid. When this has been done, apply another piece of plaster, non-fenestrated, of the same size, directly over the plaster first applied, so that it may cover the entire carbuncle and its surrounding tissues. This plaster may be made to fit, by making incisions with a pair of scissors, from the circumference toward the center. Over this apply a cotton compress and secure the whole by means of appropriate bandages. A little pain is generally experienced during the first few minutes, but this, in virtue of the locally anæsthetic effects of the carbolic acid, is soon followed by relief from the pain, which had proceeded from the carbuncle itself. In five or six hours the dressing may be removed and the parts carefully washed. Generally a little slough will be found at the apex, caused by the action of the acid. This appears like, and may sometimes be, the slough following suppuration, its separation having been hastened by the caustic action of the acid. But if the application be made previous to the occurrence of any suppuration, then this slough is doubtless due to the separation of tissue in which stasis of the blood vessels and the consequent obstruction to

the circulation has destroyed the nutrition, a separation which takes place also from the caustic effect of the acid. All of this loose, soft tissue should be thoroughly removed, an operation much facilitated by the use of a small penis syringe, with which it may be drawn out by suction. Then repeat the previous application of court plaster and carbolic acid, with cotton and bandage dressing, taking care to pack the cavity left by the slough, with the crystals. Two applications will generally result in the abortion of an incipient carbuncle, or in the cure of one which has become established. The parts should afterwards be dressed in accordance with the general principles of surgical dressings for granulating wounds. It is needless to say that in this half of the nineteenth century, these dressings should be applied after the method of Lister.

*CHLORAL HYDRATE.**As a Local Application.*

BY H. H. KANE, M.D., NEW YORK CITY.

Locally used, chloral hydrate may act as an antiseptic, anæsthetic, stimulant or caustic. It is consequently of great value in the dressing of wounds, deadening pain, deodorizing and disinfecting and stimulating when necessary the slowly forming and flabby granulations to healthy and active growth. Its use, locally, has been much more extended abroad than in this country. Why, it is hard to tell.

In an article in *L'Indépendente*, Dr. Guido Tizzoni,¹ of Pisa, observes that the first effect of the application of the solution of chloral hydrate to parts deprived of epidermis and epithelium is a transient irritation varying in degree with the strength of the solution. This is followed by an anæsthetic action, in regard to which the observations of Drs. Coignard, Horaud and Puche have been confirmed by the author. The irritant action favors the development of cellulo-vascular granulations and accelerates the cicatrizations of solutions of continuity. The chloral acts also as an astringent and as an antiphlogistic. The irritant action, which is generally of brief duration, having ceased, there is in a few hours an arrest of the inflammatory processes, including suppuration; this appears due to the retardation of the circulation and the construction of the capillaries as well as to minute coagula and embola which are

¹ London Medical Record, Nov. 15, 1876.

found in the vessels, and cut off or diminish the local supply of blood, a fact which has been established by the experiments of the author and of Dr. Fozliata.

Dr. Wm. Craig, F. R. C. S. (Edin. Med. Journal, Feb., 1876,) uses chloral with great success in ulcers, burns, sore eyes, sore nipples, eczema and allied diseases, erysipelas, and to remove warts (for the latter 15 grains to ounce with pressure). Removal rapid and painless. Relates case of extensive ulcer following burn, where amputation was recommended, cured by chloral lint and solution.

Dr. P. H. Watson, in a letter to Dr. Craig, says: "I have, in my wards (Royal Infirmary, Edinburg,) used chloral hydrate for fully six months and find it quite as active an antiseptic as carbolic or boracic acid.

It has marked advantage over carbolic acid, in so far as its odor is pleasant, resembling some of the ethereal compounds employed for flavoring purposes. It also is absorbed, and in being so, deadens pain.

I employ it in four forms:

I. Lotion, 5 to 40 per cent. in water for cleansing away discharges, cleaning sponges, etc.

II. An ointment composed of concrete paraffin, white wax (Scotch,) and almond oil, to which one-half to one-eighth of chloral is added, while the other ingredients are liquified by heat. The components of the ointment should at once be rubbed together, covered, to prevent the evaporation of the chloral, and cooled to a concrete form as rapidly as may be. It is afterward rubbed up with a few drops of the chloral solution to disintegrate it and prevent its crystalline form being re-assumed. It takes great pains to effectually make this ointment. If not properly prepared it is inert, containing sometimes, I find, absolutely no chloral; at other times, if made cold, the chloral is so imperfectly mingled, that it acts as an irritant and blisters tender cutaneous surfaces. It is applied spread into the substance of linen cloth, so as to be incorporated with the material. This dressing forms the immediate application to the surface around the wound and covers in the wound itself. It does not adhere, but peels off like a thin layer of wax.

III. An external excipient dressing is made by soaking lint in a solution of chloral, one drachm to the ounce. It is then wrung out and carefully dried. Care is neces-

sary to avoid long exposure or a high temperature, as the chloral volatilizes.

IV. Lint soaked in a solution of chloral in olive oil (1-8), employed to fill cavities, and as compresses to prevent bleeding from cut surface when operating for removal of dead bone."

Dr. Victor E. Henderson, Mt. Pleasant, Texas (Am. Med. Weekly, April 8, 1876,) report a case of strumous and tuberculous ulceration of lower lip, necrosis of bone of jaw in a little girl. Healthy action sprung up under chloral wash, gr. xx to 3j, bone replaced by cartilage, and hole in lip entirely filled up.

Dr. T. S. Dowse,¹ in a paper read before Medical Society, London, spoke highly of local antiseptic and anæsthetic powers of chloral. Cited a number of cases of fungus hæmatoides, bed-sores and sloughing wounds, where it had been used. Believes it relieves pain by immediate action on peripheral nerve terminations, and not by absorption.

Dr. Wright,² of Soldiers' Home, speaks in the highest terms, of use of this drug locally in treatment of indolent ulcers.

Dr. Chas. A. Peabody,³ house surgeon, City hospital, Worcester, Mass., speaks in highest terms of use by himself and Dr. E. Warner, of chloral as a dressing for ulcers and stumps after amputation.

Dr. T. H. Druittieffs⁴ (St. Petersburg medicin. Wochenschrift, Dec., 1876,) finds from experiments on man and animals that chloral is a local sedative, hastens granulation and cicatrization, stops putrefactive changes, and is an antiferment.

Mr. Lucas⁵ has used chloral locally in the wards of Guy's hospital, in a large number of sloughing wounds, varicose and other ulcers with marked benefit. A correspondent of the Medical News and Library (Dec., 1875), writes as follows of one of these cases:

In Lydia Ward we saw a stout, florid woman, aged fifty, who had suffered from varicose veins for twenty years, and from ulcers for ten years. The ulcers for which she was admitted on Sept. 8, had been open for four years. At the time of her admission, there were two irregularly oval ulcers occupying the front and outer side of the left leg. The anterior one was nearly seven inches in length by three

1 Lancet, Feb. 13, 1875. Monthly Abstract, April, 1875.

2 Med. Brief, Dec., 1876.

3 Canada Med. Record, May, 1875.

4 London Medical Record, Feb. 15, 1877.

5 London Lancet, Oct. 16, 1875.

inches and a half in breadth; the second, situated behind this, was two inches and a half in length by three-quarters of an inch in breadth. The surfaces of the sores were deeply excavated and sloughing in parts, whilst the edges were thick, raised and everted. Under the use of chloral lotion the ulcers quickly became sweet and clean, and the cuticle spread over them with very great rapidity, even while the surfaces of the sore were still considerably below the level of the surrounding skin. The smaller ulcer was completely healed within a fortnight, and at the time we saw the patient all that remained of the large one was a small fusiform patch of healthy granulations, about half an inch in breadth and two inches in length, upon which a blue line of cuticle was rapidly encroaching.

Dr. Maurice J. Levi, resident physician and surgeon at the Albany hospital, finds chloral of service as a dressing. He says:¹

I consider it one of the best local applications to ulcers, of the pharmacopœia, used with certain precautions and under certain rules, to which I shall now endeavor to call your attention.

I. Have your solution 5 grains to the ounce, ointment likewise.

Experience has proven that if this proportion be not efficacious, chloral is of no benefit in any larger or smaller proportion; that is, if the ulcer do not respond to a five grain solution of chloral, it is certainly chloral-proof as far as healing is concerned, and injurious as to the system generally in larger quantities. In the proportion above mentioned, there are no ill-effects noticeable, and the uncomfortable itching, spoken of by so many writers on this subject, has, in the cases cited, been present but in one, and then to last but a short time.

II. Apply by means of sheet or picked lint.

The soft, yielding character of the fabric allows granulations to sprout up under it, and in place of acting as a foreign body, actually takes the place of a scab, protecting the wound from the air, retaining perfectly the ointment or solution, as the case may be, and bringing the application directly in contact with the surface. In fistula, where healing from the base is desirable, it makes an excellent packing, keeping the lips of the wound from contact, at the same time allowing granulations to sprout up on all sides.

III. Change dressing daily.

We have observed, in the use of chloral, that unless the dressings are changed daily, there is a great amount of unpleasant labor connected with scraping the ointment from the ulcer, which, if it remains on for a longer period than twenty-four hours, acts as a foreign body, and does harm instead of good; while with the solution applied by means of lint, this dries very soon, and the hardened lint also interferes with the favorable progress of the wound. Changing the dressings oftener than suggested can also be of little advantage, as the chloral undoubtedly retains its stimulating powers for that length of time.

IV. Continue the treatment for only one week.

This last seems to us the most important point to be observed in the use of this drug in the treatment of wounds. The ulcer that has been awakened from its lethargy by the stimulating chloral, loses its power of responding out of habituation, and after a short time—never, however, less than a week—a stasis ensues, its sensibility to chloral becomes blunted, and instead of responding as at first in the form of healthy and encouraging granulations, the wound assumes an unhealthy appearance, the ulcer becomes indolent, and the good offices of the first week of its use are slowly but surely lost in the continued use of a now inert and possibly harmful drug.

Prof. Marc Lee,¹ of the St. Eugenie hospital, speaks of it in the highest terms as a dressing for wounds and as an injection for abscesses or sinuses connected with bone.

He uses a one per cent. solution.

Crequy² highly commends chloral in the treatment of ozœna. He uses two parts of chloral to 250 parts of water. He allows the fluid to run into the nose by syphon action, a vessel and a rubber tube being used.

Dr. W. W. Keen,³ of Philadelphia, has tried it, and likes it in offensive ulcers, abscesses, cancer of the womb, caries, ozœna, etc., etc.

The Drs. Dickson (quoted by Keen) have used it with success as an injection into strumous abscesses, caries and like cases. Also as an injection in gonorrhœa (gr. xx to 3j.), the discharge generally ceasing after the third day.

Drs. Lee and Keen have also used it in erysipelas with good results.

Dr. Thompson,⁴ like Crequy, perceived

1. Jour. de Therap., July 25, 1875.

2. Bull. Gen. de Therap., July 30, 1875.

3. Am. Jour. Med. Sciences, July, 1875.

4. St. Louis Med. and Surg. Journal, Aug., 1877.

a good effect in catarrh. He used a solution of the strength of from 10 to 30 gr. to the ounce.

Heron Watson¹ found it of service locally in ulcers, etc. He used it as a lotion or an ointment, composed of almond oil, wax, and chloral.

Crequy² also uses it in anal fissure. He introduces a piece of lint dipped into a solution of chloral hydrate in glycerine (1 to 30). Dujardin Beaumetz³ could not succeed in introducing the plug, but used the glycerine and chloral solution.

Dr. John Duncan³ used it as spray and dressing during amputation of thigh. The patient was profoundly narcotized.

Dr. W. W. Wilkins, of Manchester, N. H., writes me that in 1870, through the mistake of an attendant, a solution of chloral hydrate intended for internal use, was employed externally in a bad case of open cancer of the breast, with the happy result of relieving pain, procuring sleep and cleansing the wound.

Dr. S. S. Riddell,⁴ of Chippewa Falls, Wis., used the following in a case where the face was badly scalded. It relieved pain and produced sleep.

R Chloral hydrate..... $\bar{3}$ ij.
Carron oil..... $\bar{5}$ vj.

Dr. J. W. Slinker,⁵ of Mt. Ayr, Iowa, has found it of service as an anæsthetic in burns. He uses it of the strength of gr. v to x to $\bar{3}$ j. He says that it smarts at first, but this soon ceases and there is great relief to the pain. He also uses a chloral solution to wash out abscesses. Geo. W. Elerick,⁵ of Hickory, Iowa, has found it an excellent local antiseptic.

Paoli⁶ has used a chloral solution (1-3) as a dressing for soft chancres, with good result.

Dr. Maucresco Accettella⁷ (Gaz. Med. Hal. Lomb., Nov. 31, 1871) highly lauds chloral as an application to venereal sores. After the first application the deep parts of the ulcer became detached, healthy and normal granulations sprang up, and the ulcer was transformed into a simple sore, with the usual tendency to cicatrization. In 59 cases:

1. British Med. Journal, Dec. 12, 1874.

2. Bull. de Therap. Vol. 89, p. 425.

3. (Monthly Abstract, Jan. 1876). Med. Times and Gaz., Nov. 20, 1875.

4. (Phila. Med. and Surg. Reporter.) Druggists' Circular, etc. Feb. 1877.

5. By letter.

6. (Irish Hosp. Gazette). Boston M. and S. Journal, June, 1874.

7 N. Y. Med. Jour., 1872, p. 424.

7 Obstinate and ulcerated abrasions healed in from 9-15 days.

49 Soft ulcers in from 8-14 days.

3 Soft ulcers complicated with diphtheria in 18-29 days.

5 Soft ulcers, phagedenic, 24-32 days.

5 Primitive infectious ulcers in 15-20 days.

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Two of the phagedenic ulcers resisted treatment for 12-15 months. Both in women apparently healthy. The following solution was used:

R Chl. hydrat.....grm. 5
Aq. distil.....grm. 20

For abrasions and simple ulcers dilute this considerably.

Dolbeau¹ cured a patient suffering from severe phagedenic ulcer of the vulva, that had involved the whole right groin, by a solution of chloral, of the strength of 1 part of chloral to 100 of water.

Dr. Arch. M. Campbell, of Mt. Vernon, N. Y., writes me that he has found it an excellent local anæsthetic. And Dr. Sam'l W. Francis writes that he has had good results from its local use in neuralgia. C. H. Hughes, of St. Louis, has used it locally in intercostal neuralgia. He dissolves it in camphor water. Dr. Q. C. Smith, of Austin, Texas, has found decided benefit from its local use in sores about the female genitals, and as a spray in specific and other sore throat. C. H. Hunt, of Hanwood, Iowa, locally, in ulceration of the os uteri; A. B. Brown, of Jefferson, Texas, and Sam'l W. Francis, of Newport, R. I., as a stimulant to wounds and ulcers; A. R. Kilpatrick, of Navasota, Texas, in burns and ulcers; R. Hazelhurst, of Brunswick, Georgia, and Francis, of Newport, Rhode Island, in gonorrhœa.

Beaumetz & Hirne¹ have used a solution of the same strength for washing out the pleural cavity in four cases of empyema.

In neuralgia chloral has been used locally with good effect. "Administered subcutaneously chloral possesses distinct pain-relieving power, differing in this respect from the effects of its stomach absorption."² Applied externally it possesses to a certain degrees this same power.

Dr. Strather³ advises the use of a saturated solution locally in neuralgia, pleurodynia, etc.

1 Quoted by Beaumetz & Hirne, Gazette des Hôpitaux, 1873, p. 490.

2 Bartholow, op. cit., p. 190.

3 Boston Med. and Surg. Journal, Feb. 1872.

Dr. Schlaugenhausen,¹ of Hall, Tyrol, says that he has used it in muscular rheumatism in the shape of an ointment, compounded as follows:

R Chloral hydrate.....gram. 10.00
Lard..... " 50.00
Tallow wax..... " 5.00

In the Atlanta Medical and Surgical Journal Dr. E. M. Nolan² gives this case: A few months ago a lady at her catamenial period requested relief from a very distressing and painful headache. I dissolved 15 or 20 grains of chloral in very little water, and with the tip of the finger rubbed it upon one of her temples, until she could very sensibly feel the burning, and until the skin was reddened. The part rubbed was not larger than a silver dollar, but when I ceased the pain was entirely relieved and remained so. I have used it in this manner many times since in ordinary nervous headache and have never been disappointed, save one time, and then the patient was partially relieved. I sometimes rub one temple and sometimes both, according to the effect desired. There is no inconvenience from the application. The surface turns slightly red and feels a little sore upon being touched, for two or three days. There is a slight desquamation of the epidermis and soon there is no sign left of the application.

Dr. Kesteven³ has used chloral (3iv aq. 5xvi) with great success as a local application in neuralgia and cancer of the breast. He saturates a piece of cloth, applies it and covers with oil silk, spongiopiline or several layers of lint. Says it is advantageous to add a small amount of glycerine to this solution, with which also may be combined if desired, chloride of zinc or perchloride of iron.

Martineau⁴ had a patient 60 years of age with utero-vaginal cancer. There was intense pain, hæmorrhage, and a very offensive discharge. He tamponed the vagina with cotton soaked in a solution of chloral (4 gram. to 100 gram. water) with the result of relieving the pain, destroying the odor, and causing the hæmorrhages to stop.

Fleischer⁵ used a solution of chloral locally and by rectum in a case of carcinoma uteri with the result of relieving pain, and destroying the bad odor of the discharge.

Dr. Weeden Cooke¹ speaks in the very highest terms of the use of chloral for relief of pain and production of sleep in this disease.

Dr. Goodell, of Philadelphia, commends it.

Dr. Guido Tizzoni,² of Pisa, has used chloral solution in many cases of acute and chronic urethritis, and has found a rapid cessation of the discharge and cure of the disease without complications.

Chloral has had some use in the treatment of diseases of the skin.

Dr. Martineau and Prof. Tardieu³ have found the following solutions to give excellent results: Water 500 grs., hydrate of chloral 25 grs.; this solution should be made lukewarm and be applied with a sponge in the morning to the diseased parts; the part touched must not be wiped. If the disease is recent a single application often cures; if it be old it disappears to come again at a later date. This solution always causes a disappearance of the rash and the itching, so that in chronic cases it should be used until the patient suffers no inconvenience from the disease. If complicated with any other skin disease, as erythema or prurigo, it is necessary before using the solution of chloral to use the following liquid: water, 500 grams; hydrate of chloral, 25 grams; VanNieten solution, 100 grams. Use this every morning, with a small sponge, until the complicating disease has disappeared, when the chloral solution may be resumed. The use of chloral solution causes immediate redness of the skin and slight itching, which passes away in a few minutes.

R. Hazelhurst,⁴ of Brunswick, Ga., has had excellent results from its local use in eczema capitis.

T. C. Tipton,⁴ of Williamsport, Ohio, and Pedro Molina Flora,⁴ have used it with marked relief in pruritus vulvæ.

Dr. D. N. Kinsman,⁴ of Columbus, Ohio, has used it with success in chronic ulcers, and in skin diseases with intense itching.

A correspondent of the Canada Medical Record⁵ says that he cured a case of eczema by means of a chloral wash. Has also found it of service in the treatment of indolent ulcers.

Dr. J. G. Stokes, of Grayville, Ill., writes

¹ Edin Med. Jour., Nov., 1871.

² (L'Independente,) London Med. Record, Nov. 15, 1876.

³ (Bull. Gen. de Therap.) Druggists' Circular, Aug. 1877.

⁴ By letter.

⁵ Druggists' Circular, Aug. 1877.

¹ By letter.

² Druggist Gazette, July, 1874.

³ (Lancet, Feb. 3, 1877.) Practitioner, 1877, p. 194.

⁴ Gaz. des Hopitaux, 1874, p. 515.

⁵ Med. Chir. Centralblatt, 1875.

me that he has used a strong solution of chloral with advantage in various skin diseases.

Verneuil¹ has cured phagedenic chancres by the local application of chloral. I have seen the happiest results in two cases of this kind. Dujardin Beaumetz² has healed large, sloughing wounds, following fevers, by its use, and has had a cure follow in eczema of the lower limbs.

A correspondent of the Boston Med. and Surg. Journal, July 25, 1872, cured a case of eczema with a solution of the strength of 3ii to Oi.

In the Ohio Medical Recorder for April, 1880, the following is recommended for pruritus ani:

R. Camphoræ, }
Chloralis, } aa 3ss.
Ung petrolæi, vel. petrolinæ. 3vij.

M. Sig. Ointment.

Dr. Gelle³ (La Tribune Médicale) reports a case of most distressing and persistent pruritus in a hysterical young woman. Ten gram. of chloral in 1,000 gram. of water. Plug in vagina between labia and wash of same to labia.

Dr. E. G. Coleman,⁴ Arkadelphia, Arkansas, used this drug in the case of an infant 4 weeks old, with semi-confluent variola. Allayed itching. As a disinfectant 3ii to Oj more efficient than carbolic or salicylic acid, or Labarraque's sol. Under its use pustules dried up and crusts fell off.

Dujardin Beaumetz⁵ has obtained excellent results from baths of chloral in confluent variola, when the epidermis was peeling off. It disinfects the patient and insures rapid cicatrization. He uses 300 grains to the bath.

A. Henry, in the London Medical Record, March 4, 1874, gives a summary of the cases of varices treated by Porta⁶ and Valeruni.⁷ Porta had 15 cases of varices of the legs successfully treated by the subcutaneous injection of 15 grains of chloral. He was afterwards able to produce the same effect, (obliteration) with from one-half to one-third the amount.

Chloral, and meta-chloral have been used to some extent as counterirritants and caustics. Loon and Peyraud⁸ have tried chloral as a revulsive and vesicant, but do

not find it so good an agent as cantharides. They tried it made into a mass with gum tragacanth and spread on paper. When applied to the skin it raised a blister.

A correspondent of the Med. and Surg. Reporter¹ recommends that a chloral plaster be made by sprinkling chloral on a Burgundy pitch plaster. He commends its use in neuralgia.

Meta-chloral is an isometric transformation of chloral which is obtained by the action of sulphuric acid on chloral hydrate. It is also called insoluble chloral. Reduced to a powder it has been used as a rubefacient and caustic by Dujardin Beaumetz,² Fereol,³ Leniouxin,⁴ and others.

Fereol mixes it with inert powders as lycopodium to reduce its strength. Beaumetz uses pencils of chloral in place of the nitrate of silver as a caustic. These pencils are coated with paraffine. Leniouxin thinks that meta-chloral does the same work as iodoform without its disagreeable odor.

Crequy⁵ cured a case of scrofulous lupus of the nose by the application of powdered meta-chloral.

NERVE CAUTERIZATION.—Dr. Augustus Brown reports in the British Medical Journal a rather unusual method of treatment which he found successful in a case of severe paroxysmal trigeminal neuralgia, involving the lower division of the nerve. After other plans had been tried and failed, he exposed the mental foramen on the right side, which was the locality of the greatest pain, and thrust a red-hot steel wire, a quarter of an inch or more along the course of the nerve within the bone, completely destroying the nerve for that distance. Apart from a little hæmorrhage the operation was followed by no inconveniences, and the patient was restored to perfect freedom from pain. The cure of the neuralgia was complete. Dr. Brown says that he never saw a more satisfactory result from an operation, and thinks that in nerve cautery we have a valuable surgical resource after other methods have failed.

1 Quoted by Beaumetz.

2 Gaz. des Hop. 1873, p. 891.

3 Med. Brief, March, 1876.

4 Med. News and Library, July, 1876.

5 Bull. Gen. de Therap. Nov. 1875.

6 Gaz. del Cliniche, No. 1, 1874.

7 Annual. Universal. di Med. Dec. 1873.

8 (Bull. Gen. de Therap.) London Med. Record, Dec. 15, 1879.

1 Aug. 24, 1878.

2 Gaz. des Hopitaux, 1873, p. 891.

3 Quoted by Leniouxin.

4 Bull. Gen. de Therap. Vol. 86, p. 138.

5 Quoted by Beaumetz, op. cit.

A SIMPLE METHOD OF WRITING PRESCRIPTIONS IN THE METRIC SYSTEM.

BY E. B. RIGHTER.

Senior Class, Chicago Medical College.

I. Calculate on compounding a two ounce mixture.

II. Let the single dose be one teaspoonful. The number of grains of any ingredient in the single dose will now be represented by the same figure placed in the column of grammes.

III. When the amount of any ingredient in a single dose is one or more tenths of a grain, write the numerator of the fraction in the column of decigrammes.

IV. When the amount of any ingredient in a single dose is one or more one-hundredths of a grain, write the numerator of the fraction in the column of centigrammes.

For instance:

R	Dose, gr. viii.	sodæ salicyl.	8.	gm.
	" gr. v.	potass. iodide	5.	"
	" gr. $\frac{1}{10}$	morphiæ mur	0.1	"
	" gr. $\frac{2}{100}$	ant.et pot. tart.	0.02	"
		menstruum ad	60.	"

M. Sig. Teaspoonful at dose.

V. The same rule governs combinations for powders or pills by directing that the mixture be divided into sixteen powders or pills.

VI. When larger or lesser amounts are required, the above calculations may be multiplied or divided by two or multiples of two.

It will be seen that by adopting the above method the physician may not only be saved the trouble incident upon the transfer from the non-metric to the metric system but will be less liable to the humiliation of making mistakes.

LOUISVILLE MEDICAL NEWS.—Dr. R. O. Cowling will hereafter have sole conduct of this journal, as Dr. L. P. Yandell has severed his connection with it.

DR. SIMS.—The reported convalescence of Dr. J. Marion Sims, from a recent and severe attack of pneumonia, will prove a subject of congratulation to everyone.

CORRESPONDENCE.

BERLIN LETTER.

INVESTIGATIONS ABOUT BACTERIA.—MICRO-ORGANISMS IN CHRONIC PYÆMIA AND IN TYPHUS FEVER.—THE ANTISEPTIC METHOD.—DOING AWAY WITH THE SPRAY.—TRIPOLITH DRESSINGS.—PILOCARPIN IN DIPHTHERIA.—POISONING BY CHLORATE OF POTASH.—OVER-EXERTION A CAUSE OF MENTAL DISEASES IN SCHOOL-CHILDREN.—THE CONFLICT WITH HOMŒOPATHS AND OTHER QUACKS.—PROFESSOR WILMS' DEATH.—LANGENBECK'S SEVENTIETH BIRTHDAY.

BERLIN, December 1, 1880.

Among the scientific questions which commonly agitate the medical fraternity in Germany, the question of bacteria, which is as important theoretically as practically, is always in the order of the day, and every day witnesses new contributions toward its solution. The investigations reported before the French Academy by Pasteur, Toussaint, Bouley, and others, are observed with most intense interest, and it cannot be denied that the unbelief which has caused so large a majority of the profession to oppose these investigations, only a few years ago, has made way for an interest which grows more intense every day.

Among the more recent researches which cast an important light on this subject, are those made by Israel and Ponfick in a series of cases of diseases, which in their symptoms resemble chronic pyæmia. In these cases, in the pus of the metastatic abscesses of the internal organs opened during life as well as in those demonstrated upon post-mortem examination, immense numbers of conglomerates of schizomycetes were found, the nature of which could be exactly shown. The way in which they are found in the tissues shows that in reality these organisms are the cause both of the inflammation and the suppuration, and of the extension of these conditions. Ponfick has called this disease actinomycosis, on account of the microscopical character of some parts of the fungi. This author identifies the disease with the disease of the same name which has for a long time been known to exist among cattle.

Noteworthy among the recent observations on bacteria are the researches made independently of each other by Professors Eberth and Klebs, who have found well de-

finer rod-shaped and filiform micro-organisms in the lymphatic organs, viz.: the follicles of the intestines, spleen, and lymph-glands in abdominal typhus fever.

It is well known that surgery has for a long time made use of the idea that the course of infections is connected with the presence of living organisms; long before the numerous investigations had made the presence of bacteria certain, the antiseptic method in surgery was in use. It has for almost eight years been regarded as indispensable in Germany, and the question is now being agitated, whether it is not from a medico-legal point of view to be considered a culpable error if a doctor neglects to employ antiseptic precautions in the case of an injury or surgical operation and in consequence, the patient dies. There is, of course, more opportunity for the discussion of the details of antiseptic dressing and operating. Professor Bruns, of Tübingen (*Berliner klinische Wochenschrift*, No. 43, 1880) advocates the omission of the spray, which, we must confess, is not very agreeable to the operating surgeon, but which has hitherto been generally regarded as very important. Professor Bruns presents a statistical report of operations, which shows that with the omission of the spray, but with otherwise perfect antisepsis, as good results have been obtained as could be desired. Of one hundred and forty-four capital operations which have been performed since last spring, without the use of the spray, not one has terminated fatally.

Among other important new methods for practical surgery is to be noted the use of tripolith dressings, recently recommended by our own Langenbeck, and which are said to possess great advantages as compared with bandages of plaster of Paris. Tripolith is an artificial product, made from various mineral substances. It is manufactured by Schenk Brothers, of Heidelberg, and its method of manufacture is patented. Its principal constituents are calcium and silica, besides a small quantity of the suboxide of iron. It is a greenish powder, and its advantages over plaster of Paris are, according to Langenbeck, that it is less hygroscopic, liable to less change by the contact of air; that bandages made from it are lighter, that they harden more rapidly, that after hardening they absorb no moisture, and finally, that they are cheaper.

Epidemics of diphtheria, we are sorry to say, by their almost universal occurrence throughout Germany, occupy largely the

time and attention of the members of the profession, and force them to try to discover new remedies to combat the disease. Dr. Guttmann, of Schliesen, has recently recommended the internal use of pilocarpin in diphtheria and claims to have seen absolute recoveries even in very grave cases, if the remedy had been administered from the beginning. Guttmann's prescription is as follows:

℞ Pilocarpini Mur... 0.02 to 0.04. gm.
Pepsini..... 0.6 to 0.8 gm.
Acidi Hydrochlorici c. c. 0.06 c. c.
Aquæ Destillatæ... 80. gm.
M. S. A teaspoonful every hour for children.

In adults a correspondingly larger dose is to be given. Besides this, Dr. Guttmann prescribes abundant quantities of Hungarian wine. Notwithstanding the favorable results reported by Dr. Guttmann from this agent, a fair and extensive trial will be necessary to establish the real value of the remedy.

Chlorate of potash, formerly the most commonly used remedy in diphtheria, has recently been the subject of certain remarkable investigations to which the attention of the profession has been called by Dr. Jacobi, of New York. A considerable number of cases of poisoning by this remedy have been observed in Germany during the last eighteen months. Dr. Marchand, of Halle, first brought this subject to the notice of the profession. He had observed several cases of poisoning by chlorate of potash, and, by means of pathologico-anatomical facts, and by experiments on animals was enabled to confirm his observations, and point out the diagnosis and symptoms of poisoning by this agent. Among these symptoms, the bloody urine and the complexity of conditions similar to those of uræmia are especially noticeable. Remarkable also, from a pathologico-anatomical point of view, is the chocolate color of the blood, due to decomposition of the hæmatin, and a similar coloration of the internal organs. The following case also has recently been reported by Professor Billroth, of Vienna: A man upon whom lithotripsy had been performed had taken, for the accompanying cystitis, both before and after the operation, during four days, fifteen grammes of chlorate of potash daily, in all, sixty grammes. He died suddenly on the second night after the operation. The post-mortem examination showed the characteristic

signs of poisoning by this drug. Billroth is of the opinion that greater care should be taken in the administration of chlorate of potash than has hitherto been observed.

In the field of psychiatry, the foremost place is now taken by a question of very general importance, namely, the opinion recently put forth by Dr. Hasse, a well-known alienist, and founded upon a considerable series of observations, that the over-taxing of the young in the higher schools, as usually conducted in Germany, not unfrequently leads to mental alienation. The importance of this question has led one of our most prominent alienists, Dr. Pelmann, to ask, through the organ of the German Medical Society, all members of the profession to send him their experience upon this subject, in order that he may have a large amount of material upon which to base his investigations.

One of the chief questions of general social interest which at present occupy the attention of the profession in Germany, is that of medical quackery. This question has been most thoroughly discussed in the medical societies and the periodical literature, but is still undecided, as opinions are divided as to the best course to be pursued, whether matters should be allowed to remain as they are, or whether medical irregularities should be checked by legislative measures, as they were until ten years ago in Germany. The attempt is now being very energetically made to check the most common form of quackery, namely, homœopathy. Proceedings against this branch of quackery, which is protected by law, have become necessary, for many reasons. In an excellent book recently published, Dr. Koeppe has made a very thorough criticism of the old Hahnemannian system as well as of the homœopathy of the present day. Dr. Koeppe has exposed in this volume, the statistical observations of modern homœopathic hospitals, in which they have attempted to give to their method a false appearance of scientific value. All doctors, in all countries, who are lovers of truth and science, should unite in the attempt to eradicate homœopathy from their respective communities, as a lie of the past, a historical lie.

I will close with a few personal notices. You probably have already learned of the death of our renowned Berlin surgeon, Professor Wilms. The loss of such a man, who asked nothing from the world but to live in his science and work in his profession, is

much to be regretted. Professor Rose, of Zurich, has been appointed his successor in the Bethania Hospital.

A joyful occurrence in the medical world was the seventieth birthday of Professor von Langenbeck, the universally revered Nestor of our Berlin medical faculty, who is still in full possession of his skill and ability as a teacher and as a practical surgeon. His birthday was the occasion of an extensive and general ovation. His former assistants, a great number of whom hold the surgical professorships in the leading German universities, assembled here and handed him a most complimentary address. The Berlin Medical Society, of which Von Langenbeck has been president for many years, announced to him that his marble bust would be placed in the newly built clinical building, an honor which, after due consideration, he accepted. The academical students showed their esteem for him, by a torchlight procession in the evening. Sz.

BELLEVUE HOSPITAL REPORTS.

NEW YORK, January 30, 1881.

PERICARDITIS WITH PURULENT EXUDATION.

On admission to the hospital the patient stated that seven days before he had had a chill, followed by sharp, cutting pain under the left nipple, cough, with an expectoration of blood stained sputa, great shortness of breath and considerable fever. During the week before he entered the hospital these symptoms had persisted, the pain remaining confined to the left side, and the fever and dyspnoea increasing in severity. When admitted his cheeks were flushed and his temperature 103°. He was breathing with difficulty and at the rate of 60 respirations per minute; sitting up in bed with anxious face, and showing considerable distress from want of air, his nostrils expanding widely in inspiration. His pulse was 120 and full. He coughed but little and raised a frothy white sputum, not stained with blood. He complained of pain in the precordial region, and upon auscultation a distinct pericardial friction sound was heard over a considerable area. Mucous râles heard over the lower part of both lungs indicated the presence of bronchitis. As no history of rheumatism could be obtained, and the patient presented no evidence of nephritis or phthisis, it seemed necessary to consider the case as one of primary pericarditis, following an exposure to cold, of

which the patient gave an account. A blister was applied over the precordial region and morphia in the form of the U. S. solution ordered p. r. n. to quiet the pain and distress. On the following day the friction sound was less distinctly heard; the condition of the patient remained about the same, the shallow rapid respiration and the pain still causing much distress. The temperature remained above 101° and at night rose a degree higher. Two days after this the friction sound had ceased, but an increased area of precordial dulness and the feeble impulse and indistinct heart sounds indicated the presence of an effusion into the pericardial sac. The pain had almost disappeared and the temperature fell to 99° in the morning, but the pulse continued rapid and the dyspnoea still gave the patient much distress. He refused to lie down, as this increased his difficulty of breathing, and it was noticed that his respiration was chiefly carried on by the expansion of the ribs, the diaphragm being moved as little as possible. During the following week the pericardial effusion increased in amount steadily, and as a result of its pressure upon the heart the pulse became slower, more feeble and intermittent. The temperature assumed a hectic curve, rising at night to 102° , and the patient began to have night sweats. He seemed to be growing weaker, although occasionally he would say that he felt better. The flushed face, anxious expression of countenance, rapid and difficult respiration, and the continuance of the cough, with somewhat purulent expectoration, together with the evidences of compression of the lung by the distended pericardium, made the prognosis very serious. The treatment consisted of counterirritation over the precordium, whiskey and digitalis, as heart stimulants, an expectorant cough mixture, and morphia p. r. n.; the patient being supported by nutritious food, to which cod liver oil and extract of malt were added, there being no trouble in digestion. For five days longer the patient continued in about the same condition, though physical examination showed the pericardium to be enormously distended by the ever increasing fluid. On the fourteenth day after his admission, the dulness extended from the left axillary line over to the right nipple, and at the third rib was proportionally wide. The lungs were much compressed, as was evident from the extreme dyspnoea. The patient did not

make much complaint but was evidently growing weaker, the pulse being very feeble and irregular. On the morning of the fifteenth day (the twenty-second day of the disease), while sleeping quietly, his heart ceased beating, and he died without awaking.

AUTOPSY.

At the autopsy the pericardium was found enormously distended and contained about three pints of sero-purulent fluid, in which microscopic examination showed the presence of pus cells. It was greatly thickened, and upon both surfaces a large amount of fibrino-purulent exudation was adherent. This covered the heart to a thickness of half an inch, so that its muscular fibre was concealed; it was yellow and of the consistence of butter, and presented a peculiarly shaggy appearance. The lungs were greatly compressed, were congested and oedematous. In the right pleural cavity there was considerable fibrinous effusion. The heart muscle was discolored, softened, and undergoing fatty degeneration. The valves were in a normal condition. The case was very interesting, as it was one of great rarity, occurring, as it did, independent of rheumatism or other disease, in a healthy man, running a progressive course with acute symptoms, but not producing death until a late stage had been reached. Purulent exudation into the pericardium is seldom met with as an idiopathic disease, and rarely produces such enormous distension of the sac as was seen in this case. Viewed in connection with the hectic temperature, night sweats, and great weakness of the patient, the presence of purulent fluid in the sac was not unexpected. The question of the propriety of paracentesis was considered when the distension became excessive, but the results of this operation have been so unfavorable in the hospital in the past that it was postponed, and the sudden death of the patient prevented its trial. Even had it been performed the condition of the pericardium was such that recovery could not have been hoped for, and it would only have postponed, and might possibly have hastened the fatal result.

CHRONIC GASTRITIS—RECOVERY.

The patient, a male about fifty years of age, had suffered for a year and a half from constant severe pain in the epigastrium, with nausea and vomiting so continuous that he could retain very little food; he had

lost much strength and had become greatly emaciated; his bowels had been for some time very irregular, the patient stating that as he ate so little he often went two weeks without a movement. He was much depressed mentally and had lost all courage. He stated that he had never vomited any blood or matters having the appearance of coffee grounds, nor had he passed blood at stool. There seemed to be no constant relation between the vomiting and the ingestion of food. On examination the patient's tongue was coated, and his breath was foul; he did not locate the pain at any particular point in the epigastrium, and palpation failed to reveal the presence of a distinct tumor. The absence of blood in the matters vomited, the want of relation between the occurrence of pain or vomiting and the ingestion of food, and the constant and general character of the pain, made the probability of the presence of an ulcer of the stomach unlikely. The emaciation and appearance of the patient, together with his age and the history of the case, seemed to point toward a cancer, though the absence of a distinct tumor made this uncertain. The duration of the disease and its general course, corresponded more decidedly with that of chronic gastritis. The progress of the case established the accuracy of this latter diagnosis. The patient was put upon a milk diet, and for several weeks took nothing but milk and lime water. A pill containing $\frac{1}{4}$ grain argenti nitratis was given three times daily, and counterirritation by blisters was applied to the epigastrium to relieve the pain. In the course of a month the symptoms were much relieved, and oatmeal gruel and rice were added to the patient's diet, and did not disturb his stomach. After a time he found himself able to digest dry biscuit and crackers, though meat still gave him much discomfort. During this time his bowels had to be excited to action by ox gall enemata, there being no natural tendency to an evacuation. As his diet list increased, however, he occasionally had a natural movement. For three months his improvement was steady and he had begun to grow fat, and had gained strength, when he was discharged from the hospital, cured.

CYSTITIS—LOCAL TREATMENT.

Several cases of cystitis have recently been seen in the wards. In some an extension of gonorrhoeal inflammation seemed to be the exciting cause; in another acute

nephritis; in one persistent masturbation had given rise to an irritability of the bladder, which resembled cystitis in its symptoms. In all the cases there was frequent painful micturition, burning pain in the region of the bladder, and the urine was found to be alkaline and to contain considerable mucus and some pus. The treatment pursued in most of the cases was the administration of salts of potash in infusion buchu, and the daily washing out of the bladder with a saturated solution of boracic acid. For some time past the favorite solution for injection into the bladder has been that of Thompson, viz.: biborate of soda 3j in equal parts of water and glycerine $\mathfrak{z}\text{iv}$, but more recently the use of the saturated solution of boracic acid has proved of equal value. Its strength is about one part of acid to twenty-six of water. It is injected warm, two ounces being thrown into the bladder, allowed to remain about two minutes and then to flow out, and the injection repeated until all the mucus has been washed out and the bladder is left clean. In all the cases alluded to, rapid improvement occurred in all the symptoms and final recovery. S.

THE OBSTINATE COUGH of phthisis is said to be relieved by a singular procedure according to L. Landonzy (*Progrès Médical*, No. 48, 1880). Having found it impossible, like all other physicians, to check this annoying symptom of phthisis, or even to relieve it promptly by anything but opiates, he resorted to hypodermic injection of water near the point from which the cough seems to start. According to the sensation of the patient, he injects a few drops over the larynx, or into the skin of the chest, with prompt relief, lasting for some time. The effect he attributes partly to inhibition of the cough produced by the slightest pain. But it is probably also of mental origin; hence it is best not to let the patient know that the fluid is simply water, or to use cherry-laurel water; the injection of which is slightly more painful.

LUMLEIAN LECTURES.—Dr. Reginald Southey, of London, will deliver the Lumleian lectures this year. The subject will be Bright's disease.

REVIEWS.

OPHTHALMIC TEST-TYPES AND COLOR-BLINDNESS TESTS. New York: William Wood & Co.; W. T. Keener, Chicago.

The well-known publishing house of W. Wood & Co., has put up in a case a complete set of tests for visual acuity, refraction and color-sense. The addition of a number of glasses to correct approximately errors of refraction, renders the set very convenient and useful, even to those not paying special attention to eye diseases.

DIAGNOSIS AND TREATMENT OF EAR-DISEASES. By Albert H. Buck, M.D. Wood's library of standard medical authors. New York: William Wood & Co., 1880; W. T. Keener, Chicago.

The treatise before us is presented by the author, as a narrative of his experience, in textbook form. As the sole textbook for the student this work is hardly sufficient. The author treats the different chapters with unequal favor. Thus while the structure of the internal ear is very fully presented, the anatomy of the middle ear is almost too hastily dispensed with to be satisfactory for surgical purposes. Likewise all of the rarer forms of disease, in which the author has had no personal experience, are barely referred to. Similarly the experience of others in treatment is not discussed much, unless the author himself has followed the same plan. It is, hence, imperfect as a textbook representing the present state of otology.

But it is invaluable to the general practitioner as a mirror of sound judgment and discriminating treatment in the ordinary forms of ear disease. We do not know of any other work, certainly not on the ear, which is better calculated to abolish routine work and to instigate individualization in treatment. The author is not strikingly original. We meet with scarcely any statements that appear wholly new to us, but we are delighted by the independence with which Dr. Buck gives us his own experience and by the candor with which he admits his want of experience in other instances. The reader cannot but be impressed by the author's frankness which leads him to throw aside traditional rubbish and to discharge the patient when he sees no prospect of benefiting him. It is especially in the chapters on catarrh and suppuration of the middle ear, in which Dr. Buck char-

acterizes himself as an independent observer and conscientious practitioner. We may conclude this notice by stating our belief that any one who sees diseases of the ear, can only be the gainer by reading this volume, however he may differ from the author in minor details.

THE ARMY.

OFFICIAL List of Changes of Stations and Duties of Officers of the Medical Department, U. S. Army, from Jan. 14, 1881, to Jan. 28, 1881.

Baily, J. C., Major and Surgeon. His leave of absence extended one month. S. O. 13, A. G. O., Jan. 18, 1881.

Greenleaf, C. R., Major and Surgeon. His leave of absence granted him in S. O. 158, series 1880, from A. G. O., extended to May 1, 1881, S. O. 20, A. G. O., Jan. 26, 1881.

Williams, J. W., Major and Surgeon. Par. 9, S. O., 2 C. S., A. G. O., relating to him, is revoked. S. O. 20, C. S., A. G. O.

Bentley, E., Major and Surgeon. Announced as acting medical director of the department until the arrival of a medical officer his senior. G. O. 2, Department of Arkansas, Jan. 17, 1881.

Coues, E., Capt. and Asst.-Surgeon. Having reported in person is assigned to temporary duty in the office of the medical director of the department. S. O. 1, Department of Arizona, Jan. 3, 1881.

Girard, J. B., Capt. and Asst.-Surgeon. To be relieved from duty in Department of Texas by commanding general thereof on receipt of this order, and then to report in person to the commanding general, Department of Arizona, for assignment to duty. S. O. 14, A. G. O. Jan. 19, 1881.

Taylor, B. D., Capt. and Asst.-Surgeon. To be relieved from duty in Department of the East by commanding general thereof on receipt of this order, and then to report in person to commanding general, Department of Texas, for assignment to duty. S. O. 14, C. S., A. G. O.

Taylor, B. D., Capt. and Asst.-Surgeon. The operation of par. 4, S. O. 14, C. S., A. G. O., as far as it relates to him, suspended until March 1, 1881. S. O. 20, C. S., A. G. O.

Gardiner, J. de B. W., Capt. and Asst.-Surgeon. Relieved from duty at Camp Huachuca, A. T., and assigned to duty at Fort Wayne, A. T. S. O. 7, Department of Arizona, Jan. 15, 1881.

Burton, H. G., 1st Lieut. and Asst.-Surgeon. Now awaiting orders at Boston, Mass., to report in person to the commanding general, Department of the East, for assignment to temporary duty. S. O. 7, A. G. O., Jan. 11, 1881.

BOOKS AND PAMPHLETS.

George M. Beard, M. D., New York, N. Y. The Asylums of Europe. Reprinted from the Boston Medical and Surgical Journal of December 23, 1880.

Fred Humbert, M. D., F. C. S., Upper Alton, Ill. On the Introduction of Food and Medicine into the Stomach, when the Ordinary Channel is

Obstructed. Read before the Madison County Medical Society, held at Upper Alton, January 27, 1880.

William A. Byrd, Quincy, Ill. Laparotomy and Colotomy, with Formation of Artificial Anus for Obstruction of Intestines. Extracted from the Transactions of the American Medical Association.

Extirpation of Rectum without Destroying the Sphincter and Muscle. Reprinted from the Medical and Surgical Reporter, December 11, 1880.

H. V. Sweringen, M. D., Fort Wayne, Indiana. Digestive Agents in Inflammatory Rheumatism. Reprinted from the Medical and Surgical Reporter, January 15, 1881.

J. W. Smith, M. D., Charles City, Iowa. Artificial Stimulants.

C. H. Crane, M.D., Assistant-Surgeon General, U. S. A., Washington, D. C. Quarterly Report of Medical Officers United States Army, with their Stations and Duties, as Reported to the Surgeon-General, January 1, 1881, or at date of last report received at the Surgeon-General's office.

Joseph Wilson, M. D., Medical Director U. S. Navy, Holmesburg, Philadelphia, Pa. Drainage for Health, or Easy Lessons in Sanitary Science. Philadelphia: Presley Blakiston, 1881; Jansen, McClurg & Co., Chicago.

Frank M. Deems, M. D., New York, N. Y., Handbook of Systematic Urinary Analysis Chemical and Microscopical, for the use of Physicians, Medical Students and Clinical Assistants. New York: Industrial Publication Company, 1880.

REPORT OF MORTALITY FROM DEC. 11, 1880, TO JAN. 8, 1881.

CITIES IN THE UNITED STATES OF OVER 30,000 INHABITANTS.	STATE.	POPULATION.	TOTAL DEATHS.	DEATHS UNDER 5 YEARS.	ANNUAL DEATH RATE PER 1,000.	DEATHS FROM					
						CONSUMP- TION.	ACUTE LUNG DISEASES.	ZYMOTIC DIS- EASES.	DIPHTHERIA AND CROUP.	SCARLET FEVER.	SMALL-POX.
Allegheny.....	Pa.	78,000	.....	.....	.....	.....	.....	.....	.....	.....	.....
Atlanta.....	Ga.	38,000	60	18	20.55	10	18	4	2	1	.....
Baltimore.....	Md.	332,190	.....	.....	.....	.....	.....	.....	.....	.....	.....
Boston.....	Mass.	375,000	759	298	26.4	137	125	184	121	1	.....
Brooklyn.....	N. Y.	566,689	1,169	490	27.	159	193	320	224	37	.....
Buffalo.....	N. Y.	155,159	182	49	15.25	16	18	41	23	8	.....
Cambridge.....	Mass.	52,800	.....	.....	.....	.....	.....	.....	.....	.....	.....
Camden.....	N. J.	41,714	58	14	18.15	8	6	13	.....	2	6
Charleston.....	S. C.	57,000	126	42	28.72	23	21	12	5	.....	.....
Chicago.....	Ill.	503,298	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cincinnati.....	O.	280,000	433	129	20.02	76	85	53	11	8	.....
Cleveland.....	O.	175,000	224	.....	16.75	20	31	57	33	6	.....
Dayton.....	O.	39,000	33	10	10.82	10	5	5	.....	.....	.....
District of Columbia.....		180,000	313	104	22.62	53	51	52	27	6	.....
Evansville.....	Ind.	30,000	38	11	16.55	5	5	8	1	2	.....
Fall River.....	Mass.	48,626	76	32	20.25	15	11	5	2	.....	.....
Hudson County.....	N. J.	187,950	326	112	21.5	33	54	66	33	6	.....
Indianapolis.....	Ind.	75,350	87	28	14.82	12	13	15	4	.....	.....
Lawrence.....	Mass.	39,000	52	12	17.52	9	6	7	.....	.....	.....
Louisville.....	Ky.	175,000	.....	.....	.....	.....	.....	.....	.....	.....	.....
Lowell.....	Mass.	59,485	83	36	18.2	15	15	10	3	2	.....
Lynn.....	Mass.	38,284	56	16	19.07	8	11	7	6	.....	.....
Memphis.....	Tenn.	34,000	85	19	32.47	14	10	13	3	.....	.....
Milwaukee.....	Wis.	115,761	197	113	22.17	9	22	57	24	21	.....
Mobile.....	Ala.	31,295	86	21	31.9	18	11	11	3	.....	.....
Nashville.....	Tenn.	43,543	63	25	18.57	13	7	5	3	.....	.....
New Haven.....	Conn.	62,882	93	24	18.97	15	6	18	8	1	.....
New Orleans.....	La.	216,359	441	109	25.72	80	38	75	26	12	.....
New York.....	N. Y.	1,206,507	2,751	1,090	29.15	439	490	630	319	149	18
Newark.....	N. J.	138,000	216	95	20.67	32	36	41	30	2	.....
Omaha.....	Neb.	31,000	23	10	9.92	2	1	10	2	2	.....
Peoria.....	Ill.	34,850	40	20	14.9	3	6	12	6	4	.....
Philadelphia.....	Pa.	846,980	1,493	411	23.	233	160	346	58	42	186
Pittsburgh.....	Pa.	156,649	259	108	21.22	26	31	86	27	39	.....
Portland.....	Me.	34,000	38	7	14.57	7	3	7	2	.....	.....
Providence.....	R. I.	104,852	155	36	19.3	32	21	26	8	7	.....
Richmond.....	Va.	65,000	103	40	25.17	16	9	17	3	.....	.....
Rochester.....	N. Y.	90,000	.....	.....	.....	.....	.....	.....	.....	.....	.....
St. Louis.....	Mo.	350,522	.....	.....	.....	.....	.....	.....	.....	.....	.....
San Francisco.....	Cal.	233,700	.....	.....	.....	.....	.....	.....	.....	.....	.....
Springfield.....	Mass.	33,000	41	9	16.27	8	10	5	5	.....	.....
Utica.....	N. Y.	33,923	34	8	12.8	1	7	1	.....	.....	.....
Wilmington.....	Del.	44,000	.....	.....	.....	.....	.....	.....	.....	.....	.....
Worcester.....	Mass.	58,295	82	31	18.45	9	9	20	2	13	.....

Chicago Medical Review

PUBLISHED ON THE FIFTH AND TWENTIETH OF THE MONTH.

E. C. DUDLEY, EDITOR.

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CHICAGO, FEBRUARY 20, 1881.

\$2.00 A YEAR.

ANTISEPTIC SURGERY AND MEDICAL LEGISLATION.—Professor von Nussbaum, of Munich, the celebrated surgeon, terminated his winter course of 1880 with a very interesting lecture upon this subject, of which we will call attention only to some of the main features. He first gives a review of the differences in the statistics of mortality after operations and dangerous wounds, before and after Lister's discovery, pointing to the striking facts which should now be known by every surgeon. An illustration was given in the following case: An inquest was held upon a student, a robust young man, who, in a duel, had received a scalp wound from a sabre. The surgeon of his corps, a comrade, had not neglected the wound at all, but did not employ the antiseptic method in its treatment. He cleansed the wound with fresh water, sewed it up with non-antisepticized silk, etc. For four days everything went on well, on the fifth day fever and erysipelas set in, on the seventh day chill, and on the eleventh day the patient died from suppurative meningitis, as was shown by the post-mortem examination. The coroner's verdict was suppurative meningitis, caused by a scalp wound. This was all right before anything was known of the antiseptic method, but now we must take an entirely different view of such a case.

Now, the verdict of the coroner ought to be, death from suppurative meningitis, caused by sepsis, originating in a wound which was not disinfected, and from there extending to the pia mater.

If this wound had been treated antiseptically from the first, the sepsis and consequent fatal result would have been impossible. If the fresh wound had been washed out with carbolic acid solution, sewed up with carbolized silk or catgut, drained by an antiseptic drainage tube, and covered by a Lister dressing, *lege artis*, the patient's life would have been saved and the wound would have healed by first intention. This is no theoretical statement, but an every-day experience among those surgeons who act in conformity with the antiseptic method, and this experience has demonstrated that the fate of a wounded person is almost entirely in the hands of the surgeon who applies the first dressing. There should no longer be any such thing as to give the surgeon permission to make use of whatever method he may think best. It would be the same thing as to permit him to endanger the life of the wounded man if he should see fit to do so. As regards the different varieties of antiseptic substances and materials for dressings, recommended by surgeons of skill and ability who act in conformity with the antiseptic

method, it may be said that fatal results and danger to life may be usually avoided by any of them, but the time required for recovery will be shortest, and there will be the least liability to accidents in the case of a most skilful surgeon who has mastered thoroughly and attends scrupulously to all the minor details of the genuine Lister method. The surgeons who proceed strictly in conformity with Lister's directions, who use conscientiously the very material recommended by Lister, will heal wounds in a much shorter time, with much less irritation, and with much less suppuration, than other surgeons who resort to less complicated and more easy antiseptic procedures; namely, instead of the spray, content themselves with washing out the wound with carbolized or other antiseptic solution; or instead of employing Lister's complicated dressing material, apply carbolized oil, or carbolized cotton, or similar, still very frequently used, surrogates therefor. The patients of the doctors last mentioned, will have more pain, more suppuration, slower recovery, but, notwithstanding all this, the patient's life may be said to be relatively safe. This certainly cannot be said if any of the older methods of treatment in regard to dressing are employed. Here is the point at which legislation has not only the right but the duty to step in with a view to the protection of the lives of members of the community. Long continued suppuration, erysipelas, pyæmia, and death, will justify the coroner in making investigations to ascertain if it had not been in the power of the physician in charge of the patient to avoid this calamity. In making this investigation, the most important question will always be this: When, and in what condition, did the wound come into the hands of the physician? Formerly it was known, just as it is to-day, that erysipelas, phlebitis, pyæmia, protracted suppuration, etc., were the factors that endangered the future and the life of patients who had been wounded, or upon whom operations had been performed.

But no one ventured to think of fixing responsibility upon the attending physician. Therefore, because no one knew that it was in our power to avoid these fatal complications, we simply used to say that the patient died because "erysipelas set in." Now the matter is entirely different. We now naturally ask if the wounded person did not come under medical treatment so early that the erysipelas might have been avoided. If the wound was already covered with fetid pus, and the patient feverish when he came into the hands of the physician, then no responsibility for a fatal result can be attributed to the doctor. The physician might have attempted to make the septic wound aseptic again by disinfecting it, and in a number of cases he will succeed in this way in saving the patient's life, but not always. But even this liability of success is sufficient to justify the charge of neglect, if a physician does not resort to disinfection of the suppurating wound, without, of course, fixing any responsibility upon him for the final result.

When we consider that the punishment, for the criminal according to criminal law, up to this date, is entirely dependent upon the result of the injury inflicted, and consequently consider that exactly the same injury will result, in one case, in the imprisonment of the inflictor for four weeks, and in another case, very rarely, for ten years, and when we further take into consideration that the whole of this difference in the two cases may be, and very often is, entirely dependent upon the surgical treatment of the injury in question, it seems not more than justice that part of this responsibility, the whole of which has hitherto rested unjustly upon the inflictor of the wound, should be relegated to the source where it really belongs, namely, to the lack of knowledge or negligence of the attending surgeon.

DR. W. LAUDER LINDSAY, an English alienist, noted for his researches on comparative psychology, is dead.

THE ABSORPTION OF MERCURIAL OINTMENT has been experimentally investigated by Prof. Fürbringer (*Virchow's Archiv*, 82, III, p. 491). Notwithstanding an immense literature on the subject, the question is not yet definitely settled in what manner the mercury enters the circulation. It has even been denied that it passes through the skin. The author determined the point by a single thorough inunction of the uninjured skin, cleansing of the same afterwards, and hereupon removing chips and hardening them in alcohol. His researches included the human subject as well as animals. On examining microscopically thin sections of the skin thus prepared, abundant mercury globules were found in the interior of the sebaceous glands and the hair follicles. A few had also entered the duct of the sweat-gland, but had not penetrated any deeper. No mercury whatever existed in the tissue of the skin. But by anointing the skin previously scraped or wounded, globules could be forced into the tissue and the interior of divided blood-vessels. At any rate the result of a normal inunction is the deposition of the metal in the sebaceous glands and hair follicles, whence it can be but gradually absorbed. By actual test it was learned that the vapor of mercury, although it will be deposited upon the skin, like any other moist surface, does not penetrate below the surface.

In order to decide whether the animal fluids can dissolve or attack metallic mercury, extremely fine emulsions were injected into the veins of animals. The clear serum examined subsequently contained traces of dissolved mercury. The traces were, however, very minute, but more mercury in a dissolved state was always found in the liver. The bulk of the globules in the emulsion was gradually surrounded by thrombi of fibrin. Examined in the course of some days it was seen that these globules lose their metallic lustre and become oxidized. The same is also the fate of the globules deposited in the glands of the skin. Their oxidation

leads gradually to their absorption, hence the very persistent effect of inunctions as compared with the internal administration of mercury.

IODIDE OF ETHYL IN DYSPNOEA.—Dr. Lawrence, in the *Medical Record*, June 19, 1880, considers this drug of great value in the treatment of spasmodic asthma, and of all sorts of nervous dyspnoea. Let it first be given by inhalation from a handkerchief containing a few drops; then when the patient has become a little accustomed to the odor, it may be inhaled directly from the bottle, continuing for about ten minutes three or more times a day.

GROSS SURGICAL PRIZE.—A prize of five hundred dollars is offered by the Philadelphia Academy of Surgery, through Prof. S. D. Gross, president, for the best essay on the Surgical Pathology and Treatment of Tumors or Morbid Growths of the Testis, Scrotum, and Spermatic Cord. This prize is open exclusively to American surgeons, and will be awarded subject to the following conditions: I. The essay must be founded solely upon original investigations, be illustrated by suitable drawings, microscopical and other, and be written in scholarly English. II. The essay shall be the property of the Academy, which shall, at its option, permit the author to publish it at his own risk or expense. III. Each essay must be accompanied by a motto, and by a sealed letter containing the author's name. IV. The essay must comprise an amount of matter equal to two hundred and fifty pages octavo. V. The award will be made at the meeting of the Academy in January, 1884, by a committee of five of its fellows. The committee appointed consists of Drs. D. Hayes Agnew, William Hunt, R. J. Levis, J. H. Packard, and J. Ewing Mears. All essays should be forwarded to the secretary of the committee, J. Ewing Mears, M.D., 1429 Walnut street, Philadelphia, Pa., not later than Oct. 15, 1883.

TRAUMATIC PARALYSIS.—At one of the recent clinics of Dr. Wm. A. Hammond, in the Medical Department of the University of the City of New York, was presented a case of traumatic paralysis. The patient had retired for the night, two or three weeks before, in his usual health, having perfect control of both arms. He awoke in the morning having neither sensation nor motion in the left arm. At the time of the clinic both sensation and motion had been partially recovered, the *æsthesiometer* showing, however, very marked loss of the former. The absence of cerebral symptoms, such as pain about the head, and impairment of any of the special senses, and the normal appearance of the facial muscles and of the pupils, proved that the paralysis did not proceed from a central nerve lesion. By exclusion it was evident that the radial nerve had been injured by pressure from the weight of the body during sleep. This was the more evident in that the patient's habit was always to sleep on the left side. Traumatic paralysis from this and similar causes, Dr. Hammond said, was not uncommon. He had observed it several times as the result of pressure in the axilla. This occurs sometimes when the patient has fallen asleep with one arm thrown over the back of a chair. Dr. Hammond had known permanent atrophy and complete paralysis of all the muscles of the arm to be the result of such an injury. He said that atrophy of the muscles from long disuse would continue even after the reparative processes had taken place in the injured nerve, processes which may require a year or more of time. The treatment in such lesions is important and has for its object the prevention of atrophy of the muscles during the repair of the injured nerve, so that the muscle may not lose its ability to co-operate with the injured nerve. Whatever invites blood to the muscle will do good. Among the agents at our command electricity ranks highest. Dry cupping has also been used with advantage.

It may be noticed in this connection

that some remarkable cures have been observed in which muscles, after long disuse, have finally resumed their functions. We have recently operated for restoration of the sphincter ani muscle, which had been divided by rupture of the perinæum thirty years before. The rupture extended an inch or more into the recto-vaginal septum. The internal and external sphincters had been divided. The patient had had no control of the bowels for thirty years. In a single month after the operation she retained for thirty minutes in the rectum an enema of a pint of water, without the least difficulty.

NATURE OF CRYSTALLINE LENS.—Béchamp has recently arrived at the conclusion that there are two albumens in the soluble part of the lens, and also that the insoluble portion is quite different from fibrin. He calls the first of these *phakozymase*. After it has been precipitated by alcohol it is still soluble in water. It begins to coagulate at the remarkably low temperature of 55° C. This albumen resembles diastase. It dissolves starch, converts it into dextrin and even into sugar. It turns the plane of polarized light 41° to the left. The second variety is called *crystalbumen*. Precipitated by alcohol and allowed to stand some time, it is insoluble in water. It turns the plane of polarized light 76.6° to the left. Both of these albumens are precipitated by acetate of lead, but the precipitates, unlike those from egg and serum, are not decomposed by carbonic acid. The fibrinous part of the lens has a rotatory power of 76.3° to the left. This fibrin, however, is a mixture of two varieties. One of these, called *crystallfibrin*, has been isolated and found to have a rotatory power of 80.2° to the left. The important lesson which physiological chemists will learn from Béchamp's investigations, is that the polariscope is, by far, the best means yet proposed for the identification of the different varieties of albumen.

THE MICHIGAN STATE BOARD OF HEALTH held its regular quarterly meeting at Lansing, Michigan, January 11, 1881. Rev. Dr. Jacokes, committee on ventilation, reported some experiments which, he claimed, demonstrated that ventilation should be from the bottom in this climate in winter. Dr. Kedzie reported an experiment which seemed to show the same fact. He also stated that the governor seemed to appreciate the work done by the Board and had recommended to the legislature an additional appropriation of two thousand dollars for the uses of the Board. Mr. Parker reported a proposed system for the inspection of steamboats and other vessels. He was requested to take measures to have a bill providing for such state inspection presented to the legislature. The secretary made his quarterly report of the work of the office, which included the preparation of diagrams, the preparation and printing of the annual report of the Board for 1880, and two volumes of vital statistics, the distribution of documents published by the Board, and of blanks for return reports, preparation for the sanitary convention to be held under the auspices of the Board, etc. He also reported that five hundred and thirty-three communications had been written during the quarter. Dr. Baker then reported that he had collected and caused to be analyzed samples of sugars and syrups obtained from the leading dealers in the city, with the following results: The samples of sugar were mostly not adulterated, and out of ten specimens of syrup only two were found to be impure, and these two had been sold as "corn sugar" syrups "glucose" syrups, etc. Dr. Kedzie mentioned a horrible superstition in Russia, under which a wafer is put into the mouth of a child suffering with diphtheria and then into the mouth of a well child, with the idea that it is a protection against the disease. As diphtheria is a communicable disease, it would be difficult to devise a more certain mode of spreading it. Dr. Kedzie reported that he had analyzed a

sample of apple jelly, which had been sent to the secretary with the statement that a large family had been made sick by eating it, and had found malate of zinc in the proportion of three grains to the ounce of jelly. Dr. Baker, in a report on hog cholera in its relation to the public health, stated that he had received numerous letters from farmers, physicians and veterinarians. Dr. Jerome, of Saginaw, wrote him that in Chicago he had seen hogs suffering from the disease, who were unable to go up the inclined plane at the slaughter-house, killed and made into lard. In this connection Dr. Baker mentioned the sickness of a family in Lansing, caused by the eating of "fried cakes" cooked in lard, which, on microscopic examination was found to contain organisms which were considered to be the contagious principle in hog cholera. Dr. Baker stated that it was noticeable that where contagious diseases prevailed most, the local authorities were the most heedless of the laws requiring the appointment of health officers and communication with the Board. The Board then adjourned to meet January 25, at Flint, Michigan.

CAST OF THE BRAIN.—We have received from Dr. S. V. Clevenger, who is well known to our readers by his contributions to former numbers of the Review, a plaster cast illustrating the convolutions of the brain, which is, in many respects, superior to anything we have heretofore seen. It is the result of careful and painstaking observations and studies, and may be considered as the most accurate representation of the average human brain that has as yet been made. The necessity of accurate localization of cerebral lesions in pathology is universally recognized, and this cast, with the paper on cerebral topography, by Dr. Clevenger, will enable any person, in post-mortem examinations, properly to state the locality of any cortical hæmorrhage or softening. It will be found also a valuable aid to the teacher, in describing the external anatomy of the brain.

NERVE-STRETCHING IN TABES.—Since Langenbuch and Esmarch's successful operations for relieving the fulgurant pains and incoördination in locomotor ataxy, several others have been reported. One by Erlenmeyer failed to mend the ataxic symptoms, though the general strength of the limb was improved. Two others by Debove and Gillette, in the Paris hospitals, were successful to a greater or less extent, and of another the results have not yet been reported. The operation seems destined to take its place among the regular therapeutic methods in this disease, and to place it to a certain extent in the category of ailments relieved by surgery.

As regards the mode of the beneficial action of this measure, M. Debove is inclined to refer it to an influence on the nervous centres. In one of his cases the median and radial nerves of one side were stretched, with the result of producing complete relief in the other arm and only partial relief on the side operated upon. The same contra-lateral effect was also observed in the legs. We believe that this contra-lateral action of Nussbaum's operation was first noticed several years ago by Dr. E. Andrews, in a patient suffering from severe reflex spasms with paralysis of traumatic origin, in Mercy hospital, in this city. We are not sure, however, that any theoretical deductions were made from that case by Dr. Andrews. The phenomenon points strongly to a central spinal origin of the improvement in these cases, and we can see how it may possibly modify the indications for the operation in certain disorders that are altogether unilateral.

MARRIAGE VERSUS SUICIDE.—M. Bertillon has recently made a comparative analysis of the statistical tables of suicides in France and Sweden, and claims to have established the following laws: I. Widowers commit suicide more frequently than married men. II. The tendency to suicide in both sexes is diminished by the presence of children in the house.

CANCER OF THE RECTUM.—Dr. Charles B. Kelsey, of New York city, presented in the New York Medical Journal for December, 1880, an analysis of one hundred and forty cases of excision of cancer of the rectum, from which he drew the following conclusions: I. The fatal results which have thus far been recorded as following this operation, nearly all occurred in cases where, from the extent of the disease, such a result was not improbable. II. When the disease reaches above three inches, or involves neighboring parts to such an extent as to render its entire removal without injury to the peritonæum questionable, the operation is contraindicated. III. Although there have been a few cases of cure, such a result is so rare as not to justify the exposure of the patient to the risk of immediate death, which attends the attempt to remove extensive cancerous disease. IV. The operation is chiefly valuable as a palliative measure, and as such it is applicable to cases where the disease has made extensive progress. V. As a palliative measure in proper cases, it compares favorably with the results of lumbar colotomy, both in prolonging life and in relieving pain. VI. The operation is not followed by an annoying inconvenience of fæces, except in a small proportion of cases. VII. The operation is not a substitute for lumbar colotomy in cases where the disease has reached more than three inches from the anus. VIII. There is no proof that the operative interference shortens life by hastening the progress of the disease.

CANALOPATH.—This is the name under which a medical pretender at LaFayette, Indiana, advertises. He professes to treat diseases of the alimentary canal. So far as we are aware, he is the only specimen of his kind.

HÆMORRHOIDS.—Junqué recommends (*Bulletin Général de Thérapeutique*) forced dilatation, performed slowly, by the speculum, for the cure of hæmorrhoids.

THE BRAINARD DISTRICT MEDICAL SOCIETY met in Mason City, Ill., January 27, 1881, President Dieffenbacher in the chair. Dr. Dieffenbacher, of Havana, reported a case of exophthalmic goitre, treated with digitalis and iron. It has been under treatment four weeks and is steadily improving. Dr. Brown, of Lincoln, also spoke of having treated a case of this kind, in which digitalis and iron were mainly relied upon. Dr. Dieffenbacher reported four cases of scarlet fever complicated with diphtheria, occurring in one family, no other cases being reported in the neighborhood; also mentioned a case of measles in a child five days old. Dr. J. A. Walker reported a case of puerperal convulsions occurring at beginning of ninth month, giving history and treatment to date. Dr. S. T. Hurst, of Greenview, thinks these cases dependent in every instance upon albuminuria, and mentioned several cases in his practice, in one of which blood-letting seemed of very great value in arresting the convulsions, but did not think it indicated in either of the other cases. A case of partial placenta prævia was reported by Dr. Watson, of New Holland. Hæmorrhage began a month before term and lasted fourteen days. Dr. H. B. Brown, of Lincoln, reported a case of necrosis of humerus in a child of four years, now under treatment, with a fair prospect of recovery with a useful limb. The doctor exhibited a part of the diseased bone removed, consisting of about one-third of the shaft of the humerus. On motion of Dr. Hurst, a committee on pathology and microscopy was appointed by the society. Drs. Dieffenbacher, of Mason Co., Brown, of Logan, and Whitley, of Menard, were appointed such committee. The Society then adjourned to meet in Lincoln, April 28, 1881.

IODINE AS A SPECIFIC IN CROUPOUS PNEUMONIA.—The treatment of croupous pneumonia has since some time lost its former active character; since we could but recognize that the course of the disease

could not be influenced by any of the present plans of medication. A startling statement now appears by Dr. F. Schwarz, in the *Deutsche medicinische Wochenschrift*, (No. 2, 1881,) who claims that the disease may be aborted by iodine or iodide of potassium. He quotes statistics in the first place from the most reliable German sources, according to which the crisis occurred in 0.6 per cent. during the second day, in 4.7 per cent. during the third, in 7.4 per cent. during the fourth, in 15.9 per cent. during the fifth, in 13.6 per cent. during the sixth, in 22.7 per cent. during the seventh, in 13 per cent. during the eighth and in 11.8 per cent. during the ninth day. These statistics refer to 933 cases of croupous pneumonia treated expectantly. In opposition to these figures Schwarz gives his results as the proof of the efficacy of his treatment. He has had altogether 98 cases, in ten of which the abortive treatment succeeded. This treatment is successful only when begun as soon as the disease starts. If instituted later it seems to be powerless. The inference to which the author leads us is that he saw none but the ten cases quoted at a sufficiently early period, but he does not state this point in so many words. By reproducing the temperature curves he proves that the aborted cases commenced in the usual characteristic manner. In all of these the crisis was completed during the second day. The defervescence took from 6 to 18 hours, on an average about 12 hours. The quantities given were very small, one sixth of a drop of tincture of iodine, or about one grain of the iodide being taken every hour. After the fever had ceased the local symptoms began to recede rapidly.

PRURIGO.—M. Lallier, of the St. Louis Hospital, Paris, uses a two per cent. solution of carbolic acid in the form of spray in pruriginous affections of the skin. No inconvenience results from its continued use, and its anæsthetic properties are undoubted.

TREATMENT OF ASTHMA BY ELECTRICITY.—The following remarkable result of the application of the induced current in an exaggerated case of asthma, is reported by Dr. I. Burney Yeo, in the *Lancet* of Nov. 13, 1880. (Abstracted in the *American Journal of the Medical Sciences*, January, 1881). The patient, a gentleman of about forty years of age, had suffered from paroxysms of asthma for more than six years, originally, as he believed, due to a severe attack of catarrh. He tried various remedies and changes of climate but without any marked relief. Quite recently, while at Neuenahr, he was seized with an attack of unusual severity and duration, which lasted, with slight intermissions, for three days and nights. All other resources having failed, Dr. Richard Schmitz decided to try the effect of the induced current, applied as suggested by Dr. Max Schäffer, of Bremen (*Deutsche medicinische Wochenschrift*, No. 32, 1879). Immediate relief was afforded, and after an application twice a day for six days, the patient appeared quite well. Dr. Yeo examined his chest and could detect no trace of wheezing or of dry or moist râles of any kind. He found evidence of chronic pharyngitis, the mucous membrane being very granular, but quite clean and free from mucous secretion. The tonsils were scarcely at all enlarged, although they had been much so formerly. These facts, with respect to the condition of the throat, bear upon the theory of the action of the remedy. The influence of the remedy was so complete that the patient, instead of assuming the bent, stooping figure of the asthmatic, walked upright. The galvanic current was applied to the throat in the situation of the great nerve trunks, the vagus and sympathetic, each pole being applied just below the angle of the jaw and in front of the sterno-cleido-mastoideus. The current, at first mild, was gradually increased in intensity until it could be appreciated by the patient as passing through the soft palate from one side of the throat to the other.

It was continued for fifteen minutes at each sitting. It was noticed that as soon as the application gave relief, the pupils, which were dilated at first, became strongly contracted. Dr. Max Schäffer, who has recently advocated this treatment, regards these attacks as tonic spasms of the middle and finer bronchial tubes. He considers the spasm as secondary, and believes the primary change to be a swelling or tumefaction of the bronchial mucous membrane, dependent on a fluxionary hyperæmia, due to a vaso-motor nervous influence, principally from the pulmonary fibres of the vagus. According to this view, asthma is an irritative and reflex pulmonary neurosis.

The morbid state upon which the asthma depends may affect either the nerve itself, or the coverings of the nerve, or the tissues adjacent to the nerve. Max Schäffer lays great stress on the last of these conditions. Tumors, such as nasal polypi, enlarged tonsils, etc., may cause irritative pressure on nerve filaments connected with the respiratory centres. He noticed that many of his patients were the subject of nasal, pharyngeal, or laryngo-tracheal catarrh, and that swellings of the mucous membranes of these parts were attended with asthmatic paroxysms referred to the seat of the swelling, and hence concludes that all the symptoms of asthma are symptoms of irritation, brought on by pressure on nerves which are in connection with the pulmonary portion of the vagus and especially in the larynx, pharynx, and trachea. He carefully examines the nose and throat and applies the electrodes according to the seat of the disease. He has never found the constant current do any good, but has never failed with the induced current.

ALCOHOLIC TREMOR.—Dr. William A. Hammond, in a recent clinical lecture, extols Merck's hyoscyamia in doses of from one-fiftieth to one one-hundredth of a grain as an exceedingly valuable remedy for alcoholic tremors.

LOCAL.

COOK COUNTY HOSPITAL.

Among the surgical operations recently performed at this hospital, the following are noteworthy: George Covey was brought to the hospital January 7, ten hours after the injury was received, suffering from a bullet wound in the median line of the posterior cervical region, wounding the vertebral and carotid arteries of the left side. On entrance, the left side of the face was much swollen. Four days later, the patient complained of intense pain, and on examination, a pulsating tumor was found. As the pain and pulsation increased, the left common carotid was ligated early on the morning of January 16. The wound was dressed antiseptically, and all went well until February 1, when the patient took cold and the pulsation and intense pain returned. February 9, Dr. Fenger made a long incision obliquely downwards and forwards and found that the hæmorrhage was from no external vessel. He then dissected down upon the sac of the aneurism, which was found to be of the vertebral artery. Much difficulty was experienced in the ligation of this artery. The patient was exsanguine at the close of the operation. Artificial respiration, hypodermic injections of whiskey, hot applications, etc., were resorted to and finally, nine ounces of blood were transfused. The patient is now doing well.

February 12, a boy seventeen years of age was brought to the hospital, suffering from a fracture of the skull above the right frontal eminence and near the line of the scalp. Dr. W. P. Verity, house-surgeon, trephined, removing a piece of bone one and one-fourth inches long and one-half inch wide. The bone was fractured abruptly, one edge being driven into the brain tissue, so that it exuded into the wound. Dr. Isham, on February 8, excised the hip-joint and also the elbow-joint, and on February 11, Dr. Fenger performed excision at the ankle-joint.

THE CHICAGO BIOLOGICAL SOCIETY

met at the Tremont House, February 12, 1881, Dr. W. S. Haines in the chair. Dr. Curtis reported two cases of slight sore throat in children without any alarming symptoms, but followed by marked albuminuria, and desired the opinions of members of the society in regard to the diagnosis. Dr. Bannister suggested that they might be latent cases of scarlatina, and Dr. H. M. Lyman coincided in the opinion. Dr. Curtis stated that there had been no known exposure in these cases to scarlatina, that there were no other sequelæ, and that no other cases originated from them. In reply, Dr. Bannister said that the contagion of scarlatina was extremely erratic; that it sometimes occurred under circumstances in which it was very difficult to trace any contagion, though there probably was some unknown exposure; and then again, with the best possible opportunities for its diffusion, it seemed absolutely confined to the original cases. As regards its symptoms, he had seen simultaneously three cases in one family, one scarcely to be diagnosed from roseola, another of severe anginose scarlatina, and a third in which the only well-marked symptoms were the sequelæ.

Hereupon the discussion on the germ theory was resumed. Brief remarks were made by various members, among others Dr. Curtis, who referred especially to Beale's views on degenerated bioplasm as contagious matter. He also insisted on the fact that the granules which appear in ordinary vaccine lymph are totally unlike common bacteria in appearance and movements. Dr. Lyman was requested to participate in the discussion and declared his views. He began by discussing the nature of fermentation, claiming that the organized ferments do not change the fermentable substances directly, but secrete soluble ferments, which by their presence produce the chemical changes known as fermentations. Similar views might be entertained regarding the rôle of parasites in

causing diseases. They do not act by their mere presence, but merely by secreting poisonous substances. Moreover, Dr. Lyman thought that even the presence of bacteria in certain diseases, was to a certain extent, a secondary matter. According to his views, harmless bacteria growing in the sick body, under favorable conditions, attach the *materies morbi* to their bodies and carry it with them on being transferred. The speaker passed from these remarks to a consideration of antiseptic surgery, which he condemned as superfluous, believing that cleanliness is the surgeon's best safeguard. The discussion was ended by a résumé of the subject by Dr. Gradle. The speaker claimed that although enthusiastic followers of the germ theory might be excessive in their views or anticipate the facts, yet their opponents based their speculations on no facts whatever. The views of Beale were explanations of morphological appearances, not based on a single fact, while the theory of contagious matter simply adhering to the bacteria had been completely disproven in all instances in which serious attempts had been made. The cultivation of parasites in successive quantities of cultivating fluid diluted the speck of original contagious matter to figures equal to almost homœopathic conception, without diminishing the virulence. Hence the poison must be self-multiplying. We do not know of any self-multiplying substances except living beings. It is true that some bacteria secrete substances which may produce symptoms of poisoning resembling the disease in which these bacteria are found, but these are instances of poisoning with chemical substances and not of infection. Moreover, not all parasites conform to these conditions. The life history of the *bacillus anthracis* is well known, but no chemical poisons have yet been detected in splenic fever. Even in ordinary fermentations, some ferments do not always exist. No alcohol-producing ferment has yet been obtained from yeast-cells. In reply to some statements by another gentle-

man, the speaker further insisted that the presence of specific bacteria of proven parasitic origin cannot be called a mere coincidence. The parasites are not the disease, it is true, but they are the cause of it. The disease is but the condition of the organism, unable to continue its normal play when placed under such obnoxious circumstances.

HAHNEMANN MEDICAL COLLEGE.

The following is a brief epitome of a short-hand report of a "quiz" on *materia medica*, recently given in the Hahnemann Medical College of this city. It is accurate in every particular except that it is condensed, but the original order of question and answer is preserved. We only say that it was given in apparently serious earnestness, and was listened to by a class of a hundred or more bearded men and callow youths with marked deference. Is it possible for folly to attain to a more lamentable degree of absurdity?

What would you give for lack of expression in the face? *Aconite*.

What for mumps on the right side? *Mercurius*. What for mumps on the left side? *Rhus tox*.

When getting out of bed brings on a cough, which gets worse on going into another room? *Phosphorus*.

When stools are white and urine red? *Arnica*.

When attacks of pain and delirium almost drive one to madness? *Veratrum album*.

What for fainting spells coming on every day about 11 A. M.? *Sulphur*.

Mania with desire to cut and tear things? *Veratrum*.

Desires death rather than fears it? *Belladonna*.

Delirious attacks at night about the house? *Belladonna*.

Intense thirst morning, noon and night? *Kali carb*.

Ulceration, superficial and wide spread? *Mercurius*.

Erysipelas confined to the joints? Bryonia.

Tip of nose is red and hot, particularly in warm weather? Belladonna.

Greenish color about the eyes? Veratrum album.

Pains in the limbs; are worse if covered with feather bed? Sulphur.

Headache after washing in cold water while the face is sweating? Bryonia.

Headache in occiput, relieved by sitting? Gelsemium.

Sensation as if of ice on top of head? Veratrum.

Tongue feels as if it had been scalded? Gelsemium.

Forgetting what one is asked and letting things drop? Bryonia.

Emaciation of upper part of body while the lower part is enormously swollen? Lycopodium.

Swelling between the eyebrows and lids? Kali carb.

Bad consequences from suppression of measles? Belladonna.

Orchitis from suppression of measles? Pulsatilla.

Inability to collect one's senses on awakening? China.

Cannot sleep early in the night, but sleeps late in the morning? Belladonna.

Complaint occasioned by eating ice cream? Arsenicum. Same in tall, slender persons? Phosphorus.

Circumscribed redness of cheeks? Lycopodium.

Coryza in the day time, and dry coryza at night? Nux.

Sweat on face while eating? Ignatia. Sour sweat on neck? Belladonna. Profuse sweat about the head? Calcarea carb. Same about the genitals? Gelsemium.

Slow breathing and pulse? Arsenicum.

Much red sand in the urine? Lycopodium.

Disgust for meat, liking for fruit and vegetables? Arsenicum.

Longing for salt? China.

Feet cold and damp, as if one had on damp socks? Calcarea.

Hungry, but seldom satisfied? Lycopodium.

Everything but water has a bitter taste? Aconite.

When ordinary objects awaken extraordinary admiration? Sulphur.

When one wants much air, or to be fanned continually? Carbo veg.

And so on ad nauseam.

THE WEST CHICAGO MEDICAL SOCIETY

appears to be in a chronic state of lethargy as regards the attendance at its meetings. At the January 24 meeting, only sixteen per cent. of its membership were present. This, however, shows a gain of six per cent. in attendance over the preceding meeting. While we are willing to make all due allowance for the non-attendance of members, by reason of the many and urgent calls upon their time and skill which the exigencies of the unusually sickly season demand, we think that those members who are not able to attend to their duties, should really, as they do now nominally, sever their connection with the society.

Dr. H. D. Valin reported three cases of paralysis, which were treated mainly by large doses of potassium bromide, and which were followed by complete recovery. Dr. C. W. Earle gave a brief abstract of his paper on diphtheria, read before the Chicago Gynecological Society. An abstract of this paper was published in the last number of the Review. Dr. Norman Bridge reported a case of paralysis of the left side in a woman, which occurred one week after confinement. The patient recovered in about a week from the paralysis, but has since had unilateral sweating of the right side. The case has been under observation for about eight years. Abundant anasarca has frequently been present within that period, and sometimes thirty per cent. of albumen has been found in the urine. Since the recovery from the paralysis the patient has had several miscarriages, and has carried one child to full term. No specific taint could be discovered in the

history of the case. In the discussion of the report, Dr. H. M. Lyman, referring to the unilateral sweating, thought it an interesting feature, and presumed that it might be due to some affection of the sweat glands.

DR. J. S. JEWELL

gave a practical but informal talk before the medical branch of the Y. M. C. A. in this city, Thursday evening, February 10, on the subject, "Sleep and its Derangements." The speaker first called attention to the way in which normal sleep is produced, viz., by contraction of the blood vessels of the brain, causing anæmia. He then spoke of some of the derangements of sleep. He said that sleeplessness in the fore part of the night was caused by an active congestion of the brain, due to some exciting cause, such as overwork during the day, mental work of evenings, the use of stimulants, such as coffee and tea, by going to bed with cold extremities, etc. The remedy will be found in the removal of the exciting cause, whatever it may be, and by withdrawing blood from the upper part of the body by sleeping on an inclined plane (formed by putting blocks four to six inches in height under the head posts of the bed), by the thorough use of crash towels and the flesh brush, and by the hot mustard foot bath. Sleeplessness which comes on in the latter part of the night is caused by a passive congestion of the brain, produced by a condition of the blood vessels which allows them to gradually dilate beyond a healthy limit, and thus more blood flows to the parts than in health. It is sometimes very difficult to remove this condition, but much may be done to improve the sleep. The same measures should be adopted as in the former case, and perhaps some slight sedatives may be required. The speaker spoke, in conclusion, of the phenomena of dreams, and explained them by the fact, that in dreaming certain parts of the brain were in a state of hyperæmia, while other surrounding parts were in an anæmic state.

CONTRIBUTIONS.

NOTE ON THE SENSORY TRACT TO THE BRAIN.

BY EDWARD C. SPITZKA, M.D., NEW YORK CITY.

It is well known that Meynert and those who followed that distinguished anatomist, believed the tract through which the conscious sensory impressions reach the cortex, extended, from the columns of Goll and Burdach, of the cord and lower oblongata, through the so-called superior or sensory decussation, to the anterior pyramids; that thence the tract ran with the anterior pyramids in their outermost third through the pons and pes pedunculi, coursed between the thalamus and lenticular nucleus in the posterior third of the internal capsule, and arching back, terminated in the cortex of the occipital lobe. Flechsig showed that what Meynert interpreted as the sensory pyramidal decussation, has no connection with the anterior pyramids, but, on the contrary, enters the lemniscus layer, or interolivary strands, whose relations to the corpora quadrigemina had been explained by Meynert, although befogged as to its lower relations, he was, owing to the aforesaid confounding with the anterior pyramids proper.

Now, Flechsig distinctly states in his work that the explanation he has been able to furnish of the real nature of the superior decussation, demonstrates the non-existence of a direct tract from that decussation to the cortex.

The true tract has, however, been known to exist, although the relations have not been properly interpreted. The lemniscus layer is not only a detachment from the corpora quadrigemina, but also distinctly incorporates a peculiar bundle first described by Henle as a fasciculus from the pes to the tegmentum. This tract continues, in at least a part of the fibres, from the columns of Goll and Burdach to the pes pedunculi and thence, no doubt, to the cortex of the brain. The circuit for the conscious sensory impressions transmitted by the cord, and proposed by Meynert, therefore becomes re-established, with a modification, namely, that the sensory tract does not run through the pyramids and pons, but immediately above them, and after entering the *pes pedunculi* probably takes the course claimed by Meynert.

That there is a close relation between the pyramidal tracts and the by-track from

the superior decussation to the *pes pedunculi*, is proven by an interesting observation which I have been able to make on the elephant's brain. In this animal the entire pyramidal tract takes the course of the by-track, that is, there are no vertical fibres in the pons, the crus is continued bodily above the latter (which is exclusively composed of transverse fibres) to take the usual course between the olives and beneath them in lower levels.

DIPHTHERIA.

Its Successful Treatment by Iodine.

BY DR. H. P. GAUTHIER, ST. PAUL, MINN.

While at Natchez, Miss., in the early part of 1865, I was led, through my experience with an epidemic then and there prevalent, to adopt the treatment I now propose to describe. During this epidemic about one hundred cases of diphtheria were successfully treated in the manner about to be described. For some years subsequent to my return to Illinois, I treated all the cases I encountered (fifty in number) with complete success by the same means, and I have since treated about one hundred and fifty cases, all with the same satisfactory result, except in two instances, where death occurred, the patient being almost moribund when coming under treatment. Previous to the adoption of the present mode of treatment, my results were by no means as satisfactory, the disease proving fatal in at least one-third the whole number of cases. The treatment which has proven so successful in my hands is as follows: The patient is ordered tincture of iodine in ten to twelve drop doses every hour, well diluted with water, so long as the fever lasts, subsequently reducing it to ten drops every two, and finally, every three hours; local applications of the drug are made use of at the same time. These latter should be made by the physician himself at least twice a day. For internal use, I give, latterly, the decolorized tincture: bread, and starchy articles of diet, are at the same time used in abundance. Such is my treatment. Having given it in detail I shall now cite a few cases, dealing at first with the unsuccessful ones.

Case I. Six years ago I was called to a patient on Robert street; a boy six years of age, who was cyanotic, and whose throat displayed the usual diphtheritic patches, some of them proceeding to gangrene. The case was seen in consultation with Dr. S.,

of St. Paul, but despite all our efforts, soon died. Case II to III. In the course of the next week I was again called by the mother of the last patient to see two other children ill from the same disease, but only in the early stages. The iodine treatment was freely and fully used, and despite a very severe illness the patients recovered perfectly.

Case IV. Five years ago I was called to see a child living in a neat, small house built upon dry sand. The child's family, together with another French family of six members, occupied the house. On my arrival I found the child nearly moribund from diphtheria, and he soon after died. Six children in the same house were attacked by the disease, but being treated promptly and freely in the way indicated, recovered.

The two cases already cited are the only ones in which death has occurred since my adoption of the iodine treatment.

Case V. Fifteen days ago a wornout cripple came to see me from the timber regions, much run down physically, and with his throat in an apparently gangrenous condition. The prompt, free use of iodine enabled him to engage in his usual avocation in the course of six days.

These and numerous other cases, show that the remedy is of decided value, sufficient to warrant its trial in every case of diphtheria, to the exclusion of other constitutional remedies.

MEDICAL EDUCATION.

Report of Committee of the Illinois State Board of Health.

Your undersigned committee, appointed to report requirements of "good standing" for medical colleges, and conditions of complaint against medical colleges, respectfully report that the committee addressed to many leading members of the medical profession, and to the medical colleges of the Union, a circular making the following

INQUIRIES:

I. In the present state of medical science and education in this country, what preparation is and ought to be required for admission to the lectures of a medical college, to entitle it to good standing?

II. On what branches of medical and cognate science ought courses of lectures to be provided, and what length of course on each to entitle the college to "good standing"?

III. What requirements as to full attendance, reading and quizzes, or other examinations, occasional or final, ought to be maintained in such colleges?

IV. What attendance on lectures, as to time, number of terms, or courses and intervals between courses, are and ought to be required by such colleges as conditions of graduation?

V. What other conditions of graduation, such as hospital practice, or practice under preceptors, attendance on clinics, and dissections are and ought to be required for graduation?

To this circular eighty-seven replies were received from officials of medical colleges, and medical societies, and from eminent physicians. The medical colleges also promptly sent their annual announcements or circulars, and many other documents were furnished the committee touching the matters involved in their questions.

The letters, which are herewith presented to the Board, express much interest in the subject under discussion, and evince deep and general desire for improvement in medical education in this country. It is evident that the members of the medical profession are ready to welcome and sustain all wise efforts to advance the standards and increase the thoroughness of medical instruction. The committee regret that the proper limits of their report will not permit them to quote at length from the letters received.

The annexed tabular statement, drawn from their annual announcements, will show the present usages of the medical colleges in the several respects involved in our inquiries. The letters accompanying the announcements often express a desire and purpose to introduce reforms as soon as the concurrence of other colleges will permit. This is especially true in regard to the preparatory studies to be required of candidates for admission to the lecture courses. The failure to require adequate preparation before entering upon professional studies, is doubtless one of the most serious and even fatal defects in American medical education. As students usually begin their studies with private preceptors, the remedy lies first with those who consent to act as such preceptors. Let them strenuously advise all candidates to make a liberal and thorough scholastic preparation, and refuse to receive any who are destitute of such preparation, and the reform would be well begun. But the failure of private precep-

tors to perform this obvious duty cannot exonerate medical colleges from the responsibilities which, by implication, they voluntarily assume. The committee are glad to report that so many of the leading medical colleges have now announced preliminary examinations as conditions of admission, in accordance with the vote of the American Medical College Association, that we are justified in including such examinations in our requirements or marks of "good standing."

After a careful comparison of the usages of the colleges, and of the opinions of the profession, the committee offer the following scheme of requirements, and recommend its formal adoption by the board as its definition of the colleges whose diploma shall be hereafter accepted by it.

MINIMUM REQUIREMENTS FOR A MEDICAL COLLEGE TO BE HELD IN "GOOD STANDING."

I. Conditions of Admission to Lecture Courses.

1. Credible certificates of good moral character.

2. Diploma of graduation from a good literary and scientific college, or high-school. Or, lacking this,

3. A thorough examination in the branches of a good English education, including mathematics, English composition, and elementary physics or natural philosophy. This provision will not be required before the close of the lecture sessions of 1882-3.

II. Branches of Medical Science to be Included in the Courses of Instruction.

1. Anatomy. 2. Physiology. 3. Chemistry. 4. Materia Medica and Therapeutics. 5. Theory and Practice of Medicine. 6. Surgery. 7. Obstetrics and Gynæcology. 8. Hygiene and Sanitation. 9. Medical Jurisprudence.

III. Length of Regular or Graduating Courses.

1. The time occupied in the regular courses or sessions from which students are graduated, shall not be less than five months, or twenty weeks each.

2. Two full courses of lectures, not within one and the same year of time, shall be required for graduation with the degree of Doctor of Medicine.

IV. Attendance, and Examinations or Quizzes.

1. Regular attendance during the entire

lecture courses shall be required, allowance being made only for absences occasioned by the student's sickness; such absences not to exceed twenty per centum of the course.

2. Regular examinations or quizzes to be made by each lecturer or professor daily, or at least twice each week.

3. Final examinations on all branches, to be conducted, when practicable, by other competent examiners than the professors in each branch.

V. Dissections, Clinics and Hospital.

1. Each student shall have dissected during two courses.

2. Attendance during at least two terms on clinical and hospital instruction shall be required.

VI. Time of Professional Studies before graduation shall not be less than three full years, including the time spent with a preceptor, attendance upon lectures, or at clinics and hospital.

VII. Instruction. The college must show that it has a sufficient and competent corps of instructors, and the necessary facilities for teaching, dissections, clinics, et cætera.

REMARKS ON REQUIREMENTS.

It is a matter of regret that the Board is not at liberty to adopt the practice of the best and most advanced institutions as its standard. It can only express its desire to see improvements made as rapidly as the conditions of the colleges and the public sentiment will permit.

The addition of Latin, botany, and some other branches to the preliminary examinations, ought to be made as early as is practicable.

The committee also would be glad to see other important specialties of medical science and art added to the courses of required education.

CLOSING REMARKS.

While submitting the above as the committee's conclusions upon the matter referred to them, we cannot refuse to express our concurrence in the general desire held by so many members of the medical profession for an early and large advance in the standards and courses of medical education in this country. Among the improvements most frequently suggested, and evidently of high importance, the committee note the following:

IMPROVEMENTS.

I. The requirement of adequate prepar-

atory studies for admission to the lecture courses of the medical colleges.

It is too shamefully true that at present many students are admitted to these lecture courses, whose illiteracy prohibits their profiting by the instruction given, excepting in the narrowest limits, and precludes the possibility of their attaining such knowledge as the duties of their profession positively demand.

It would be well for the profession, and for the people, if none were accepted as students of medicine who had not graduated from a reputable college, or at least from a good high-school.

Natural talent and aptitude may go far toward fitting a man for any calling, but no talent can take the place of thorough education, in a profession where such large fields of knowledge are to be mastered, and so many and such important judgments are to be constantly and promptly formed.

Such a familiar knowledge of good English, and of professional language, as will enable the student to comprehend promptly and precisely the lectures to which he listens, seems too obvious a requirement to need argument, and such a knowledge cannot be gained but by years of training, or extensive reading.

But it is not enough that the medical student shall merely comprehend what he hears. He must be able to weigh and judge for himself the importance of the facts, and the value of the theories which are offered.

There is a palpable absurdity in expecting to make skillful physicians of illiterate students, by mere dint of reading them lectures, even when accompanied by quizzes and examinations.

It is doubtful whether any examination of qualification such as can be made at the crowded opening of a session, can be relied upon to assure the requisite preparation for admission. The diploma of a high-school, or better still, of a college, would be a far safer evidence of the candidate's fitness.

II. The committee heartily concur with the "American Medical College Association," in its statement, that "An adequate medical education is such as gives to the student a fair practical knowledge of all the branches of medical science, and a mental discipline sufficient for the proper use of such knowledge in the practice of the medical art."

"A practical knowledge of these various

branches necessitates demonstrative teaching and personal manipulation which can be provided in an adequate degree in medical colleges only."

We would add to this obvious statement that the study of theories alone can produce nothing but theoretical knowledge. Practice only can teach practical knowledge. Abstract study may discipline the mind, but skill in any art or profession can be gained only by an actual performance of the duties of that profession.

The laboratory, the dissecting room, the clinic, and the hospital practice knows no substitutes. The student who does not gain skill here must win it at the bed-side of his patients, and often at a fearful cost.

III. The committee also concur in the claim of the American Medical Association that "not less than three full years should be devoted to a diligent study of medicine before graduating, or commencement of practice, and that at least one-half of each of these years be spent in a proper medical college." It should be added that a strict and regular attendance upon all the lectures should be required, and that the time professionally spent under a preceptor should be given honestly to close and earnest study. Whoever will carefully consider the extent of the several branches of science to be mastered by the student of medicine, will easily conclude that three full years will afford but scanty time for the work to be done. Indeed, it is doubtful whether any true scholar would attempt to do this work in such time without great hesitation. How inadequately it must be done, or rather, how shamefully it must be neglected, by those who reduce their attendance on lectures by fully one-half, and waste in idleness their term of private study.

IV. Many of our medical colleges profess to require evidence of good moral character in their candidates. The committee are of the opinion that no requirement should be more rigidly enforced. To let loose upon the community, and into the midst of its confiding families, under the sacred name of "physician," persons of vicious habits, and of immoral principles, is to send destruction where we would send healing. None but the purest and most upright can safely be trusted with the prerogative and opportunity of the family physician. The medical college offers insult and injury to mankind when it receives to its classes and arms with its diplomas, men

whose worthiness is not established by the amplest testimony.

While the Board have no authority to prescribe changes or improvements in our systems of medical education, the committee believe that we should be ready to recognize the efforts of the colleges themselves, and to advance our standard as fast and as far as the lead of these colleges will permit. No injustice is done to medical schools to require of them the highest attainable standard. Their honor and their true success will alike be promoted by it.

We shall only fulfill our duty as a State Board of Health by promoting to the utmost that largest and most potential force in sanitary science and in public hygiene, a well-trained and thoroughly educated medical profession.

The committee ask further time to report on the other branch of inquiry referred to them; the regulations under which complaints will be received by the Board.

JOHN M. GREGORY, }
W. M. CHAMBERS, } Committee.
JOHN H. RAUCH. }

NERVE STRETCHING IN LOCOMOTOR ATAXIA.—Dr. Fenger, assisted by Dr. Verity, performed nerve stretching of the sciatic and crural nerves of both sides on December 28, 1880, at Cook County Hospital. The case was one of locomotor ataxia of about two years' standing, but complicated with considerable neuralgic pain in the lower extremities. Drainage tubes were inserted and Lister dressing applied. The wounds healed by first intention in a week. The patient succumbed to bed-sores and pyæmia resulting therefrom, February 15, 1881. The first case reported by Langenbuch gave so favorable a result that it was considered justifiable to attempt the operation. The disease is desperate. Nerve stretching can do no harm, and will at least, temporarily relieve the pain. The disease was very far advanced in this case before the operation was performed, still the neuralgic pain was lessened. This operation is mentioned because it is probably the first of its kind performed in the United States.

CORRESPONDENCE.

PARIS LETTER.

HYGIENIC COMPLAINTS AGAINST THE ODORS OF PARIS—AMERICAN STOVES UNDER SUSPICION—THE COMING CONGRESS OF ELECTRICIANS AT PARIS.

PARIS, January 28, 1881.

The increase of mortality in Paris in the forty-ninth week of 1880, from 941 to 1,051; the increased number of deaths as compared with the week previous from typhoid fever (26 to 39), and measles (12 to 16); the persistent high curves of mortality from diphtheria, scarlatina, small-pox, puerperal fever and other infectious diseases; the slight diminution of the total number of deaths to 1,031 in the fiftieth, and 979 in the fifty-first week, have caused great complaints to be raised against the sanitation of the city. The special committee of the Société Française d'Hygiène, reported at the session of December 10, that they considered the smells of Paris to be the cause of the evil. As this subject is likely to be brought up very frequently, it may be worth while to consider here, the arguments for and against this charge.

The Odeurs de Paris, a term much relished by certain newspapers of this city, first attracted general attention during last summer, when, at one time, a smell of sulphuretted hydrogen spread over Paris, not sparing the most aristocratic localities. The Director of Public Works considered this attributable to the ventilating shafts of privy-vaults.

September 26, five workmen of the sewer-cleaning service, who had worked all night in a sewer of Boulevard Rochechouart, attempted, without success, to open a man-hole in order to get out. Firemen entered the sewer and brought out one man who was still breathing, and the dead bodies of four. This tragedy aroused public opinion, which denounced as the cause not only of this disaster, but also of the alarming increase in mortality, and of the smells of Paris, the clandestine outpouring of the excreta of houses into the sewers. It appears that this was done last winter at a time when the snow prevented the scavengers' carts from making their regular rounds. Still, the engineers of the Board of Municipal Works think of carrying away through the sewers, all refuse matter from houses. Science knows that sewer gas can and does kill under favorable circumstances, and that contagious disorders

of various kinds can and do break out, owing to the subterranean fermentation of excrementitious and even of organic matter, without the slightest odor being perceived.

The Conseil d'Hygiène et de Salubrité de la Ville de Paris, attributes the recent augmentation of the mortality to various causes, namely: the outpouring of house excreta; the insufficient cleaning or flushing of the sewers; the careless and imperfect removal of fecal matter, and the surrounding of Paris by deposits of fecal matter, or establishments for the chemical treatment of sewage; but until now the case has not been met fairly and properly.

The hygienists are called to the public service only in the capacity of advisers, and so have no power, although they are possessed of the requisite scientific knowledge. In Paris, moreover, the most important branches of the administration have such special advisers. The Minister of Agriculture and Trade, the Préfecture de la Seine, the Préfecture de Police, and the Assistance Publique, have each a committee or council or commission of hygiene, whose advices are used in cases of disputes among these divisions. Contradiction is the very nature of argument, but by it, science gains little credit. Our engineers of municipal works improve the opportunities furnished by these disputes, and undertake such hygienic measures as they choose. What we need is a public opinion enlightened by practical education, which will support the views of learned hygienists and give authority to the commands of science. Without this, no progress can be made in sanitation.

The standard method of removal of all refuse of cities and houses is at present by water carriage. For this a supply of clean water is necessary sufficient to carry the refuse matter through drains and main sewers to a safe receptacle, as the sea, if near, or for the disposal of the sewage for the fertilization of adjacent lands, and then to allow the purified water to flow into a natural stream. Notwithstanding this disposition of the sewage, many cities, both large and small, have learned by sad experience that infectious diseases can find entrance to properly drained houses, provided the ventilation is not perfect. These defects made no one think of returning to the use of privy vaults. We kept these, or water closets in connection with vaults, with some deficiencies of the water carriage system.

We have about eighty thousand houses, each with at least one privy vault. These are emptied at night by people who scarcely obey the police regulations regarding chemical disinfection. But perhaps, even at this cost, the main sewers are spared and pollution of the river avoided. The système diviseur, originated in 1851, has ordered things better. Division is the main point, as it was the masterpiece of ars imperandi, but there are many ways of accomplishing this division. There is the pumping of the liquid into the sewers before removing the solids. Another way is that of a continuous filtering of the liquids through moveable pails in pits connected with the sewers (tinettes filtrantes); about sixteen thousand houses have been recently provided with this apparatus. In any case, the solids are removed by carts; the liquids go through the sewers and are discharged into the Seine near Asnières. This is the first division. The solids are operated upon outside of the city. The most important establishment is at Bondy, where sulphate of ammonia is extracted and a supposedly purified water (liquid No. 2) is conveyed to the Seine below Asnières, near St. Denys.

Experiments in sewage farming have been made since 1869 at Gennevilliers, and have been successful when but little sewage was used. It was proposed to throw about three hundred thousand cubic mètres of sewage daily upon one thousand one hundred and seventy hectares of the forest of St. Germain, but this was energetically contested by the neighbors. Some engineers have suggested that the plan should be tried on other lands down the river, but no one would allow his land to be turned into a marsh or a deposit of fecal matters, by the invasion of such a mass of filth. A channel to the sea has been contemplated as a means of disposing of the sewage. This must be achieved before the water carriage system is complete. Whatever system prevails, experience has taught that disconnection and ventilation must be practiced at the proper places in our house-drains and sewers. Should we consider as a first step toward this improvement the recent sweeping reduction made by the municipal council in the appropriations for the cleaning and maintaining of the sewers of Paris? We might perhaps, consider it as such, because the money saved is to be used for the support of schools.

The American, wheeled, moveable, ele-

gant stoves, which became so popular in Paris last winter, are now under a cloud at the very time when a new style appears each morning. The recent death of two young ladies who were sleeping in adjacent rooms, which were warmed by one such stove, has recalled to mind some occurrences of a similar nature, last winter, to which little attention was paid. The Société de Médecine Publique has recently given an accurate exposition of the dangers we unconsciously incur of poisoning by oxide of carbon. MM. Gréhaut and Le Bon state that ten grammes of raw tobacco give, by slow combustion, the enormous amount of seven to eight hundred cubic centimetres of carbonic oxide. A dog will die after a twenty minute immersion in an atmosphere containing one per cent. of carbonic acid gas. A quarter of our globules lose their property of absorbing oxygen if 0.066 per cent. of the gas is present. M. Fodor thinks that the presence of even 0.04 per cent. of carbonic oxide, if not actually dangerous to life, may cause slight disorders. It is commonly supposed that that section of the stove-pipe which is connected with the chimney, is too small to allow the passage of a sufficient volume of hot air to combat the current of cold air in the chimney, and that consequently the gas is forced back into the room. Might not accidents be often avoided by making a fire of paper in the hearth, before moving the stove near it?

An International Congress of Electricians is to be convoked in Paris by the Minister of Public Works. The Academy of Science will appoint as its representatives, some members of the sections of physiology and therapeutics, also representatives of the sections of physical and chemical science. M.

SEPTIC POISONING FROM VACCINE VIRUS.

1 HAMMOND ST., CHICAGO, Jan. 27, 1881.

On account of the threatened epidemic of variola, there has been in this part of the city almost a wholesale vaccination of our inhabitants. From my own observation, and from a very wide-spread complaint among the laity, I am led to believe that a great many of those vaccinated have had quite a serious time with their arms. In some cases the whole arm has swelled to a great size, covered with an erythematous blush, the lymphatic glands, especially

those of the axilla, more or less indurated, and, in fact, the whole arm has presented clear evidence of severe septic poisoning.

The bovine virus was used in all the cases that I have had an opportunity of examining. In my own practice for the past two or three years, I have been in the habit of using but one double dipped ivory point, if fresh, for two vaccinations, provided, of course, that I have the two persons together at the same time.

Early this season I vaccinated a family of four persons, consisting of father, mother, a little son, and a young lady; all were in perfect health at the time of the vaccination. I used one point on the father and son, and then, with the same lance, proceeded to vaccinate the mother and young lady. The vaccination of the father and son ran the usual course without any untoward symptoms; but not so with the other two, as they had a very serious time of it, the arm in both cases being very badly swollen from the elbow to the shoulder; the arms were also the seat of an extensive erythema; the glands in the axilla were swollen and indurated, as they were also to some extent in the arm; the vesicles on the ninth day took on suppuration and secreted a moderate amount of pus, which was discharged; there was also fever and aching pains through the body and limbs.

From this case this query has suggested itself to me. Had the virus anything to do in the causation of all these untoward symptoms? Since that time I have tried to answer the query by keeping a careful watch of all cases in which I made two vaccinations from one point, and I have found, without any exception, that the pair have invariably run almost exactly the same course, that is, where one of a pair ran a normal course, the other one of that pair did also, and where one ran an abnormal course, the other one did likewise.

I have also carefully inspected the points used in all my vaccinations. Occasionally I have found a point that presented evidences of blood, or semi-purulent matter, instead of clear lymph. When these points have been used they have been the source of so much mischief, that I have resolved hereafter to discard suspicious looking points entirely. I am sorry to say that I have not examined microscopically.

Before drawing conclusions or condemning others, I would like to hear from other physicians on this subject, through the Review.

J. R. KEWLEY, M. D.

CLINICAL REPORTS.

Clinic of Dr. Delafield at Bellevue Hospital.

AMYOTROPHIC LATERAL SCLEROSIS.

GENTLEMEN:—The first patient whom I present to you is a male, aged thirty-six. He was admitted to the hospital four days ago, and states that he was perfectly well up to four weeks before admission, when he began to have sharp pains in his arms and hands. These pains he describes as running up the whole length of his arms and not confined to any one part, and as being very severe. These shooting pains lasted one week, when he found that he was losing power in his arms and hands. Two weeks after the beginning of the disease he began to have pains in his legs of similar character to those in the arms, but shooting downward. They lasted a few days and were followed by paresis of the lower extremities. On admission considerable loss of power was found to exist in both arms and legs, but the pains had entirely ceased. As you look at the patient you see that there is already a well marked loss of muscular substance due to wasting. This is the case in the arm and forearm. If I take hold of either forearm and press the muscles I give him pain. There is then an unnatural muscular tenderness. This is a hyperæsthesia, not of the skin but of the muscles. When I apply the Faradic current you see that the reaction of the muscles is above the normal. When I ask him to squeeze my hand I find that there is very little muscular force in the flexors of either hand. If you will observe his arms closely you will see from time to time involuntary contractions of his muscles, causing his fingers to move suddenly; these can be produced by blowing upon the muscle or exposing his arms to the air after they have been covered up for a time. You also see constant fibrillary contractions in the muscles. The sensation of the limbs is well preserved. Of the legs we have the same history, except that the pain began first in the left leg and came on later in the right. The first symptom was the pain shooting downward, and this was followed in a few days by loss of power. Sensation is still good in the legs. The atrophy of the muscles is not present in the legs as it was in the arms. There is the same muscular tenderness. The reaction to the Faradic current is fair but not so good as in the arms. The reflex movement produced by

tapping the tendon at the knee is exaggerated, but this may be due to the muscular tenderness. You will observe that the legs do not lie in a natural relaxed position. There is a considerable space under the knee, as if the leg were slightly flexed, and when I put my hand upon the muscles of the thigh, I find that they are tense and somewhat contracted. This contraction is not under the man's control. There is no affection of the sphincters. The chief symptoms then have been pains of a sharp, shooting character, beginning in the arms, appearing later in the legs; muscular tenderness; paresis, and preservation of Faradic reaction in both arms and legs: atrophy and involuntary contraction of the muscles of the arms: no atrophy, but slight permanent contracture of the muscles of the thighs: no loss of sensation and no affection of the sphincters or tendency to bed sores or cystitis.

Before commenting upon the case I will bring another patient before you who is suffering from the same disease, but at a more advanced stage. The patient is a female about fifty years of age. She says that about seven years ago she noticed a gradual loss of power in her hands and arms, beginning in the left arm sooner than in the right, and accompanied by involuntary contractions. Five years ago the same involuntary twitchings and weakness were noticed in her legs, but she continued able to walk up to a year ago, when she was obliged to take to her bed. The loss of power in the arms was therefore more rapid in its onset than that of the legs. During the last year she says she has also had some difficulty in swallowing, and you will notice that she speaks slowly and with some hesitation and difficulty. When you look at her you see that she is in a condition of permanent muscular contracture. Her hands are flexed on her wrists, and her forearms and her arms, and if I straighten them out, as I can do with some difficulty, they return to the position of flexion. There is well marked atrophy of all the muscles of the upper extremities. There are constant involuntary contractions of these muscles, causing a constant motion of the fingers, and this is much more marked than in the case of the man. There is no muscular tenderness and we can obtain no history of pains. The tactile sensation is good. Faradic reaction exists but is somewhat impaired. When you look at the legs you will notice that the atrophy is

less marked than in the arms, but the rigidity is greater. The extensors are especially rigid, the great toes being drawn backward upon the foot, while the flexors are not at all contracted. The same is the case in the muscles of the thigh. The muscular rigidity and the atrophy also involve the muscles of the trunk. You will observe that the neck is kept rigid and the head is held in one position, and that an unnatural one. As I feel the neck I find the muscles tense and hard. When she protrudes the tongue I see the same fibrillary contraction as in the hands, and I also notice that the tongue is becoming atrophied. In this case, therefore, the prominent features are the general paresis, involuntary contractions, rigidity, and atrophy of almost all the muscles of the body.

In both cases the lesion is the same; but in the first case you see the patient in the early stages, while in the second the final development of the symptoms appears. The man will gradually grow worse until he reaches the condition in which you see the woman. The condition of both is due to a change in the spinal cord, to which the name of amyotrophic lateral sclerosis is given. The lesion involves the lateral columns of the cord, and also the anterior gray cornua. The lateral columns are involved in their inner portion, which lies nearest the gray matter, an external layer of some breadth entirely escaping. The character of this lesion is the same as that in locomotor ataxia, viz.: a new growth of connective tissue and an atrophy of the nerve fibres of the cord. This is the first change. The lesion also involves the anterior gray cornua of the cord. Here the lesion consists in an atrophy of the large nerve cells, not in a sclerosis. There is a degeneration and disappearance of the nerve cells similar in character to that occurring in the ordinary forms of poliomyelitis anterior. Thus it is evident that there is a composite lesion. The cervical enlargement of the cord is the part first affected, and in this part the lesion reaches its greatest development. Later it extends downward to the lumbar enlargement, and toward the close of the disease the lesion is found to progress upward and to involve the medulla oblongata. The two cases before you present all the symptoms of the disease, which need not be recapitulated. In both cases the symptoms began in the arms and hands and extended afterwards to the legs. In both, the atrophy of the mus-

cles is more marked in the arms than in the legs. The woman is now entering upon the last stage, and in her case the lesion is advancing upward and already involves the medulla. The patient begins to have symptoms similar to those which appear in glosso-labio-laryngeal paralysis, or bulbar paralysis, as it is now more generally called. These are atrophy and change in the muscular power of the muscles, supplied by nerves given off from the lower part of the medulla; the tongue, the muscles of articulation, and the muscles of deglutition being decidedly affected. In her case the danger of death is imminent, either from starvation, as the muscles of deglutition fail entirely to act, or from asphyxia, the muscles of the larynx and of respiration being affected as the lesion reaches the respiratory centre.

In these cases death occurs in one or the other of these two ways, unless the patient dies from an intercurrent disease before the lesion reaches the medulla. The duration of the disease is usually from one to three years. In the case of the woman the first symptoms were referred back seven years, but the patient is so dull and stupid that it is very possible that the symptoms referable to the lesion in the cord may not go back so far as she states. It is probable that few cases live longer than three years after the commencement of the lesion. The treatment in these cases amounts to nothing, as it is impossible in any way to reach the seat of the disease. S.

GOUT AND RHEUMATISM.—A paper by Dr. Lenoble, of Esternay, Marne, is noticed in *The Practitioner*, in which the following prescription is said to be useful in the treatment of the chronic pains of sub-acute gout and rheumatism: Powdered gamboge, myrrh, canella and salicylate of soda, equal parts by weight. To this mixture add sufficient turpentine to make the whole of a fluid consistency.

EARLY MENSTRUATION.—Dr. Cortejarena in *Le Réveil Médical*, a case of menstruation at the age of seven months. The child menstruated regularly, and when twenty-eight months old was so developed as to resemble a little woman.

REVIEWS.

PRACTICE OF MEDICINE. By Roberts Bartholow, M. D., Professor of Materia Medica and General Therapeutics in the Jefferson Medical College, Philadelphia; formerly Professor of the Theory and Practice of Medicine and Clinical Medicine in the Medical College of Ohio; Fellow of the College of Physicians of Philadelphia; Member of the American Philosophical Association; of the Medical and Chirurgical Faculty of Maryland; of the Ohio State Medical Society; of the American Neurological Association; of the New York Neurological Society; etc. D. Appleton & Co., New York. 1880.

This work marks the decline of the therapeutic nihilism which has long been so fashionable and potent in its influence. The author in his former work on *Materia Medica and Therapeutics*, attracted attention by his peculiar views in this respect, and was hailed and regarded as a leader in the new positivism. To this therapeutic positivism he owes his present professorial chair, and the present work shows decidedly strong traces of its influence. The preface is certainly not remarkable for modesty, as the author with remarkable ex-cathedra freeness of statement says, that among the reasons for the appearance of this treatise is the fact that he was urged by students and practitioners of medicine to prepare a volume "which should have the practical characteristics, the definitiveness of statement, the conciseness, and, at the same time, the fulness of the work on *Materia Medica and Therapeutics*." He claims in the same preface to have made, with one or two unimportant exceptions, post-mortem examinations of all the maladies treated of in this work. A captious nihilist might remark that such results were to be anticipated from therapeutic positivism, since the author deals with such diseases as varicella, intestinal parasites, parotiditis, diseases which do not have a fatal termination ordinarily.

The work is divided into diseases of the digestive system, under which head stomatitis, glossitis, noma, naso-pharyngeal catarrh and retro-pharyngeal abscess are considered, these evidently constituting in Dr. Bartholow's mind the only diseases of the digestive system, since diseases of the œsophagus, diseases of the stomach, diseases of the liver all appear under separate headings from that first given. We

do not wish to quarrel with Dr. Bartholow's physiology, but have had the opinion that the stomach played an important part in digestion, an opinion held in common with the majority of physicians, but it would appear according to Dr. Bartholow, "*Nous avons changé tout cela.*" The author's views, it must be confessed, have a dogmatism and directness about them that is somewhat refreshing in these days of skepticism, but dogmatism is a quality that, unlike mercy, may be very much strained, and Dr. Bartholow has been by no means backward in that respect. He makes no separate heading for general pathology but gives such facts as are of value in relation to each disease. This method, based as it is upon the author's claim that students do not read pathology, shows an evident desire to purvey to the needs of a class rather than to deal broadly and philosophically with the subject of disease.

The author omits all reference to the subject of insanity except one special form, progressive paresis, or as he prefers to call it, *dementia paralytica*. The psychical symptoms of other nervous diseases also receive some attention. The section on nervous diseases is, however, as full as can be expected in a work of this kind, and many of his neuro-pathological views are singularly sound. Certain constitutional states, like cholesteræmia, appear to have escaped all notice. Addison's disease does not appear to have come within the author's ken. Typho-malarial fever is either regarded by the author as a nonentity or accidentally omitted.

The book, taken as a whole, has a pleasant, clear, concise style. The author is frank and positive in the expression of his views. In conclusion, it may be said that while the work is by no means as complete as it should be, nor as free from theory as the author desires to claim, still it is the best practice issued for some time, and should certainly find a place, if not in the library of every practitioner, at least in that of every medical student.

A MANUAL OF DISEASES OF THE THROAT AND NOSE. By E. H. Bosworth, A. M., M. D. New York: Wm. Wood & Co., 1881; W. T. Keener, Chicago.

If the present manual were to be judged by itself without reference to the existing literature, we could grant it some praise and some reproach. It is written in a handsome, intelligible style. While not claim-

ing encyclopedic thoroughness, it presents the present state of these affections tolerably well. Perhaps the most important omission is the complete ignoring of the subject of adenoid vegetations in the post-nasal space. The author quotes but little literature, but is evidently conversant with his subject. But he does not present his subject in exactly the shape that modern text-books should possess. Thus the pathological anatomy is either given in general terms, or omitted. The treatment, moreover, tends towards the routine. The why and wherefore is passed over very hastily, and where statements are made as regards the author's experience, they lack in proof.

But while the book by itself is not below mediocrity, we fail to see its purpose. It is novel neither in ideas nor presentation. It teaches nothing that cannot be obtained from existing treatises, and in elegance of arrangement is certainly not ahead of such works as Mackenzie, James or Ziemssen. What is the medical world to gain by such re-publications? The publishers' and engravers' work however, is well done.

A PRACTICAL TREATISE ON THE MEDICAL AND SURGICAL USES OF ELECTRICITY, Including Localized and General Faradization; Localized and Central Galvanization: Electrolysis and Galvano-Cautery. By George M. Beard, A. M., M. D., and A. D. Rockwell, A. M., M. D. Third edition. Revised by A. M. Rockwell, M. D. With nearly 200 illustrations. New York: Wm. Wood & Co., 1881; W. T. Keener, Chicago.

A third edition of Beard and Rockwell's work on electricity is not entirely a surprise to us. It has been so widely circulated, and has in fact so many obvious merits as a manual on its subject, that indeed we looked for a new edition some time ago. We know of other works that are in some respects more reliable and scientific, but none that is more likely to strike the average "practical" physician favorably than this. There is considerable matter in it that does not impress us altogether favorably, or that we should not ourselves have introduced into a work of this kind. But on the whole, it is likely to be as serviceable to the average practitioner, who wishes a practical guide to the therapeutic applications of electricity, as any book now published. It contains facts in regard to the use of electricity in almost every known

form of disease, at least, we do not find many omissions from the list. And while we may consider that the authors occasionally appear to put greater faith in the efficacy of the applications than would indicate a proper critical spirit, there is no question that electricity is a most valuable therapeutic agent of very extensive applicability, and our skepticism may go a step too far in the other direction. The profession as a rule, we think, has neglected this weapon against disease to too great an extent.

The present edition has been considerably altered, and much new matter has been included, but in such a way as to not materially increase the bulk of the volume. The reader will find it to include nearly everything that he may look for, and in its present shape we consider it, with all its possible defects, one of the best general works on medical electricity that has yet appeared.

THE ARMY.

OFFICIAL List of Changes of Stations and Duties of Officers of the Medical Department, U. S. Army, from Jan. 29, 1881, to Feb. 12, 1881.

Vollum, E. P., Major and Surgeon. Granted leave of absence for six months, on surgeon's certificate of disability, with permission to go beyond sea. S. O. 24, A. G. O., Jan. 31, 1881.

Lippincott, H., Capt. and Asst.-Surgeon. Upon expiration of present leave of absence, to report in person to commanding general, Department of the Platte, for assignment to duty. S. O. 34, A. G. O., Feb. 10, 1881.

Girard, J. B., Capt. and Asst.-Surgeon. In obedience to S. O. 14, C. S., A. G. O., relieved from duty in Department of Texas, S. O. 20, Dept. of Texas, Jan. 29, 1881.

Reed, W., Capt. and Asst.-Surgeon. To accompany Battery I, 2d Artillery, from Fort Ontario, N. Y.—abandoned—to Fort McHenry, Md., and then report by letter to these headquarters for further orders. S. O. 25, Dept. of the East, Feb. 9, 1881.

Gardiner, J. de B. W., Capt. and Asst.-Surgeon. Relieved from duty in Department of Arizona, to proceed to Baltimore, Md., and on arrival, report by letter to the surgeon general. S. O. 34, C. S., A. G. O.

Burton, H. G., 1st Lieut. and Asst.-Surgeon. Assigned to temporary duty at Ft Niagara, N. Y. S. O. 18, Dept. of the East, Feb. 1, 1881.

BOOKS AND PAMPHLETS.

F. S. Otto & Sons, 64 Chatham st., New York, N. Y. Specialties of Surgical Instruments and Apparatus.

John B. Hamilton, Supervising Surgeon-General, United States Marine Hospital Service,

Washington, D. C. Bulletins of the Public Health. Issued by the Supervising Surgeon-General under the National Quarantine Act of April 29, 1878. Reprint, 1881.

A. Jacobi, M.D., New York, N. Y. Anæmia in Infancy and Early Childhood. Reprinted from the Archives of Medicine, February, 1881.

S. V. Clevenger, M.D., 189 37th st., Chicago. Cerebral Anatomy Simplified by Comparative Anatomy Studies. Reprinted from the Chicago Medical Journal and Examiner for November, 1880.

George M. Beard, A.M., M.D., and A. D. Rockwell, A.M., M.D., New York, N. Y. A Practical Treatise on the Medical and Surgical Uses of Electricity, Including Localized and General Faradization; Localized and General Galvanization; Electrolysis and Galvano-Cautery. Third edition, with nearly two hundred illustrations. New York: William Wood & Co., 1881; W. T. Keener, Chicago.

John G. Lee, M.D., Philadelphia, Pa. Hand-Book for Coroners: Containing a Digest of all the Laws in the Thirty-eight States of the Union, together with a Historical Résumé, from the earliest period to the present time. A Guide to the Physician in Post-Mortem Examinations, and valuable miscellaneous matter never before collated. Philadelphia: William Brotherhead, 129 S. 13th st., 1881.

Kankakee.

Edward W. Jenks, M.D., Chicago, Ill. The Relations of Goitre to Pregnancy and Derangements of the Generative Organs of Women. Reprinted from the American Journal of Obstetrics and Diseases of Women and Children, Vol. XIV, No. 1, January, 1881.

Joseph F. Edwards, M.D., Lansdowne, Delaware Co., Pa. How a Person Threatened or Afflicted with Bright's Disease Ought to Live. Philadelphia: Presley Blakiston, 1881; Jansen, McClurg & Co., Chicago. 75 cents.

G. C. Smythe, A.M., M.D., Green Castle, Indiana. Medical Heresies: Historically Considered. A series of Critical Essays on the Origin and Evolution of Sectarian Medicine, Embracing a Special Sketch and Review of Homœopathy, Past and Present. Philadelphia: Presley Blakiston, 1880; Jansen, McClurg & Co., Chicago. \$1.25.

Fessenden N. Otis, M.D., New York. Clinical Lecture on the Physiological Pathology and Treatment of Syphilis, together with a Fasciculus of Class Room Lessons Covering the Initiatory Period. New York: G. P. Putnam's Sons, 1881; Jansen, McClurg & Co., Chicago. \$1.75.

Henry H. Smith, M. D., Philadelphia, Pa. The Injurious Effects of the Constant Use of Baby-Carriages and Bicycles on the Physical Development of the Young. Read before the Philadelphia County Medical Society, November 10, 1880. Reprinted from the Philadelphia Medical Times, January 15, 1881.

Samuel R. Percy, M. D., 47 W. 38th St., New York, N. Y. What is the Comparative Physiological and Therapeutic Action of Free Phosphorus and the Hypophosphites. An Essay to which the Merrit H. Cash Prize was awarded by the New York State Medical Society, 1876. Extracted from the Transactions of the New York State Medical Society.

MORTALITY IN CHICAGO FOR JANUARY, 1881. POPULATION, CENSUS 1880, 503,298.
Oscar C. Wolf, M. D., Commissioner of Health. M. K. Gleason, M. D., Registrar of Vital Statistics.

ZYMOTIC DISEASES.			Cancer—Uterus..... 6			Asthma..... 7			DEVELOPMENTAL.		
ORDER 1—Miasmatic.			Dropsy..... 3			Bronchitis..... 30			ORDER 1—Children.		
Cholera—Infantum... 1			Marasmus—Senile..... 3			“ Capillary..... 23			Atelectasis Pulmonum... 1		
Croup..... 57			Marasmus—Infantile..... 7			Congestion—Lungs..... 15			Cyanosis..... 1		
Diarrhœa..... 5			ORDER 2—Tubercular.			Empyema..... 1			Congenital Deformity... 2		
Dysentery..... 1			Hydrocephalus..... 2			Hæmoptysis..... 1			Congenital Debility..... 14		
Diphtheria..... 86			Hæmoptysis..... 4			Laryngitis..... 3			Dentition..... 3		
Entero-Colitis..... 4			Phthisis Pulmonalis... 99			Œdema Lungs..... 1			Spina Bifida..... 1		
Erysipelas..... 11			Tabes Mesenterica..... 1			Pleuritis..... 2			Tedioius Birth..... 4		
Fever—Cerebro-Spinal... 10			Tubercular Meningitis. 3			Pneumonia..... 67			ORDER 2—Women.		
Fever—Remittent..... 3			LOCAL.			Pneumonia—Broncho... 7			Childbirth..... 1		
Fever—Scarlet..... 25			ORDER 1—Nervous.			Pneumonia—Pleuro.... 7			Puerperal—Mania..... 2		
Fever—Typhoid..... 13			Apoplexy—Cerebral.... 12			ORDER 4—Digestive.			Puerperal Pyæmia..... 1		
Fever—Typho-Malarial... 5			Atrophy—Brain..... 1			Cirrhosis—Liver..... 2			Puerperal Convulsions... 1		
Fever—Typhus..... 1			Congestion—Brain..... 10			Dysphagia..... 1			Puerperal Peritonitis... 18		
Measles..... 4			Convulsions—Infantile... 63			Enteritis..... 14			ORDER 3—Old Age.		
Mumps..... 2			Encephalitis..... 4			Gastritis..... 5			Debility—Senile..... 19		
Pyæmia..... 2			Epilepsy..... 1			Gastro-Enteritis..... 6			ORDER 4—Nutrition.		
Quinsy..... 1			Exhaustion..... 4			Hæmatemesis..... 1			Asthenia..... 3		
Septicæmia..... 1			Hemiplegia..... 2			Hernia—Umbilical..... 1			Atrophy..... 1		
Small-Pox..... 18			Hydrocephalus—Acute... 3			Hepatitis..... 1			VIOLENCE.		
Whooping Cough..... 2			Insanity—Dementia..... 1			Hypertrophy—Liver.... 1			ORDER 1—Accident.		
ORDER 2—Enthetic or Inoculated.			Laryngismus Stridulus.. 1			Hypertrophy—Spleen... 1			Burned..... 1		
Malignant Pastule..... 1			Meningitis—Cerebral... 26			Peritonitis..... 14			Crushed..... 3		
Syphilis—Congenital.... 1			Meningitis—Spinal..... 2			Stricture—Pylorus..... 2			Crushed by Elevator.... 1		
ORDER 3—Dietetic.			Myelitis..... 2			Ulceration—Stomach... 1			Drowning..... 2		
Alcoholism—Chronic.... 3			Melancholy—Religious... 1			ORDER 5—Urinary.			Gunshot Wound..... 2		
Inanition..... 19			Paralysis..... 8			Bright's Disease..... 7			Exposure—Frozen..... 2		
Purpura..... 2			Paralysis—Heart..... 1			Cystitis..... 3			Scald..... 2		
ORDER 4—Parasitic.			Paralysis—Brain..... 1			Nephritis..... 4			Shock from R.R. Accid't.. 6		
Aphthæ..... 1			Trismus Nascentium.... 1			Ischuria..... 1			“ Street Car “..... 1		
CONSTITUTIONAL.			ORDER 2—Circulatory.			Uremia..... 1			“ Surg. Operat'n..... 3		
ORDER 1—Diathetic.			Angina Pectoris..... 1			ORDER 6—Generative.			Run over by Wagon.... 1		
Anæmia..... 1			Embolism..... 1			Metritis..... 2			“ Horse..... 1		
Anasarca..... 2			“ Cerebral..... 3			Metro-Peritonitis..... 3			Suffocation..... 2		
Cancer..... 1			Endocarditis..... 4			Ovarian Disease..... 1			Wound by fall..... 4		
Cancer—Bowels..... 1			Heart—Organic disease.. 20			ORDER 7—Locomotory,			Poisoned—Morphine..... 3		
Cancer—Breast..... 1			Heart—Valvular Disease. 13			Osseous.			ORDER 3—Suicide.		
Cancer—Liver..... 2			Heart—Fatty Degenerat'n 1			Caries..... 1			Gunshot..... 1		
Cancer—Ovary..... 1			Heart—Hypertrophy..... 1			Synovitis..... 1			Strangulation..... 4		
Cancer—Stomach..... 8			“ Dilatation..... 1			ORDER 8—Locomotory,			Ill Defined..... 2		
Cancer—Rectum..... 1			Pericarditis..... 1			Integumentary.			Total Deaths..... 976		
			ORDER 3—Respiratory.			Abscess—Pelvic..... 1					
			Abscess—Lungs..... 1			Eczema..... 2					

WARDS.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Public Institutions.	Total.
Small Pox.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	10	18
Measles.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	4
Scarlatina.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	25
Diphtheria.....	4	6	1	2	3	4	7	4	1	6	3	4	4	20	2	8	2	5	1	86
Croup.....	1	5	1	2	3	3	3	4	1	2	1	1	14	4	5	3	4	1	1	57
Whooping Cough.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	2
Fever—Typhus.....	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
“ Typhoid.....	1	3	1	2	1	1	1	1	1	1	1	1	3	1	1	1	1	1	1	13
“ Cerebro-Spinal....	1	1	1	1	1	1	1	1	3	1	1	2	1	1	1	1	1	1	1	10
“ Malarial.....	1	1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	8
Diarrhœal Diseases.....	1	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	9
Other Zymotic Diseases..	1	1	2	3	5	2	2	2	2	1	3	2	3	3	3	4	3	5	1	44
Totals.....	7	15	7	12	21	14	17	15	9	10	6	12	14	46	13	17	13	12	17	277
Phthisis Pulmonalis....	2	4	1	2	7	7	8	8	4	6	2	3	4	9	7	5	8	3	9	99
Acute Lung Diseases....	3	5	3	4	23	14	7	10	6	6	2	5	5	30	9	3	10	1	6	151

Wards	Popula-tion.	Density per Acre.	Deaths under 5 yrs. of age.	Total Deaths in Ward	Deaths in 1,000 of Popu't'n.	Wards	Popula-tion.	Density per Acre	Deaths under 5 yrs. of age.	Total Deaths in Ward	Deaths in 1,000 of Popu't'n.
1	14,765	30.78	7	24	1.63	12	27,914	12.59	12	39	1.39
2	20,099	51.00	15	40	1.99	13	20,857	14.58	28	40	1.92
3	16,798	38.31	8	23	1.37	14	56,534	18.37	73	132	2.34
4	28,102	26.26	17	36	1.28	15	28,863	33.29	23	52	1.80
5	47,500	16.50	42	85	1.79	16	23,771	44.52	20	46	1.93
6	40,890	9.78	43	73	1.78	17	24,676	64.42	24	51	2.07
7	37,457	26.69	27	63	1.68	18	22,311	40.83	12	35	1.57
8	37,146	57.68	30	58	1.56	Public institutions...			17	55	...
9	17,477	60.35	13	37	2.12	By violence.....			3	37	...
10	15,754	60.61	12	27	1.71	Unknown.....			1	1	...
11	22,364	38.95	9	23	1.03	Total.....			976	976	...

AGES.											
Under 5 years.....	435	From 4 to 5 years.....	34	From 40 to 50 years.....	72	From 90 to 100 years.....	1	100 years and upwards..	1	Unknown.....	3
Under 1 year.....	253	“ 5 to 10 “.....	68	“ 50 to 60 “.....	67						
From 1 to 2 years....	59	“ 10 to 20 “.....	54	“ 60 to 70 “.....	58						
“ 2 to 3 years.....	56	“ 20 to 30 “.....	92	“ 70 to 80 “.....	34						
“ 3 to 4 years.....	33	“ 30 to 40 “.....	80	“ 80 to 90 “.....	14						
						Total.....					

COMPARATIVE MONTHLY MORTALITY.—Jan., 1879, 664; Jan., 1880, 771; Dec., 1880, 814; Jan., 1881, 976.
Premature Births...11. Still Births.....57 1,939 deaths in 1,000. Annual rate per 1,000, 23.27

Chicago Medical Review

PUBLISHED ON THE FIFTH AND TWENTIETH OF THE MONTH.

E. C. DUDLEY, EDITOR.

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\$2.00 A YEAR.

MEDICAL LEGISLATION.—There is, perhaps, no subject on which so much time is wasted and from which so much good is expected as legislation. It is true there is a proverb that too much law leads to crime, but this proverb, like all proverbs striking too strongly at prejudice, is altogether disregarded. Zealots besiege every legislature with their panaceas for making the human race better by means of law. In no profession or class of men does the idea of improving morals or health, by means of law, more prevail than among the medical profession. This idea is carried out in the constitutions of the various medical societies; from the county society to the American Medical Association all are governed by elaborate codes of rules framed to meet imaginary emergencies. Perhaps the most elaborate and artificial of these codes is the one most quoted and least adhered to, the code of Medical Ethics. The idea of a code of ethics to regulate the relations between physicians, to serve as a guide in all disputes, to act as the final means of arbitration, was undoubtedly to all appearances a good one. Theoretically, it should have prevented crime among the members of the profession, it should have raised the tone of medical intercourse; acrimonious disputes should have been prevented by its means. That it has not accomplished this

is too notorious to require mention. That quarrels have notoriously been incited by the code, and very frequently decided unjustly by its means, scarcely requires proof. Why should such be the results among a profession theoretically composed of gentlemen of a code of rules composed for their guidance. Law, as Macaulay remarks, is not a perfect science, but a system of balance and compromise. Applied to society, it often benefits more him who keeps within its letter, while daily violating its spirit, than him who keeps both letter and spirit. Law, however, is not required to regulate the social relations of gentlemen to each other; these are regulated by an unwritten code more binding, because unwritten. Here there can be no evasion, each is left to make his own interpretation; yet, with all this, there is comparatively little dispute as to what does or does not constitute a gentleman. This state of things should exist theoretically among physicians, and this unwritten law be aided and defined by the code. Yet, despite all these facts apparently favorable to harmony, there is no denying that quarrels of the fiercest nature disturb the medical profession, so that the odium medicorum threatens to become almost as much of a proverb as the odium theologicum. One great reason for this is, that the code would seem from the use

generally made of it, to act more in disturbing harmony than in promoting it; at least very frequent trials for violation of its provisions result in showing that the preferrer of the charges had only interpreted the tenor of certain words differently from the physician against whom the charges were preferred. Therefore the following facts are to be considered in regard to this portion of legislation: First, that the medical profession is a profession of gentlemen. Constructively, gentlemen are governed by an unwritten code which is very binding. Quarrels rarely occur among gentlemen. The physicians are governed, in addition to this unwritten code, by a written code. Quarrels are very frequent among physicians. These quarrels are most frequent in respect to the interpretation of the code of ethics. It is therefore obvious that this interpretation is the source of these quarrels. Now supposing, not that there is much possibility of such a thing, a physician, to exist, of a litigious tone of mind, it is obvious that this code might prove in his hands a serious weapon of offence to his brethren in the profession. Such are some of the defects arising from the existence of the present code, and in a subsequent editorial it is proposed to consider the remedies.

THE TRAINED NURSE AND THE MEDICAL PROFESSION. — Much medico-journalistic praise has been bestowed on Chicago for its recent establishment of a training school for nurses, and general jubilation has been indulged in over the fact that the movement to provide trained nurses for hospitals is spreading over the United States. The training school for nurses' idea certainly presents much that is roseate, and to judge from the general outcry on the subject, that is the entire hue of the whole subject. Taking the question up in detail, the change from the Sairey Gamps and Betsey Prigs of the present, to the intelligent, trained young ladies of the future, is certainly a great and desirable one. The theory of the relations

between the physician and the trained nurse is excellent. And there is also something pleasant in the idea of furnishing employment for educated women of a nature that is not degrading. These are all the pleasant points of the picture; but is there no opposite side to it? Is there not a possibility that the trained nurse, urged and abetted by lady philanthropists of the Jellaby stripe, may come to regard her nursing as of more value than medical treatment, and indulge in therapeutic vagaries of her own to the neglect of the physician's directions? And may not these training schools very soon become like the medical colleges, turning out half-trained nurses into an overcrowded vocation? The former of these questions has been already answered in England, where the surgeons of Guy's Hospital have recently been reduced to a state of subjection by the nurses and lady philanthropists of the vicinity. As corollary to the above fact, one of the nurses was recently tried for manslaughter in giving a cold bath, to a case of tubercular meningitis, unordered by the physician. So widespread is the idea among the canting circles of society, that a nurse is superior in morals to the physician, that Tennyson has recently written a rhymed screed expressive of the supposed feelings of a nurse on the subject. As to the second matter, there is nothing other than the precedent of the medical colleges, which is bad enough. It may appear that evils such as these are of the dim future, but the fact that they have occurred and are making rapid strides in England, should lead the medical profession here to be on their guard and endeavor to secure all the good and avoid all the evil of the training school system, while its foothold and influence are but slight.

ZYMOTIC DISEASES IN NEW YORK.—The Registrar of Vital Statistics of New York city, reports 3,894 deaths during the year 1880, from zymotic diseases, influenced or aggravated by defective plumbing.

SCARLATINA.—Wertheimer finds (Aertzel'sche Intelligenzblatt 49, 50,) that the stage of incubation of scarlatina varies from eight days to four weeks, while in eighteen cases this period could not be fixed, and concludes from his own researches, and that of others, that the period of incubation rarely exceeds eight days that rarely there is no prodromal stage, and that the most constant initial appearances are throat affections, vomiting, rarely fainting, in young children convulsions, and very rarely, diarrhoea and dysentery. He finds also that a delay in the appearance of the eruption indicates complication by another disease. Among the complications of scarlatina, Wertheimer specially mentions the so-called scarlatinal rheumatism which usually comes on after the disease has run its course, but occasionally appears on the third or fourth day of the disease. This, he has noticed, attacks specially the fingers, hands, and cervical vertebræ. The swelling, redness, and tenderness are slight, the pain increased by movement. This complication lasts three or four days, runs its course without much increase of fever except when complicated by pericarditis, endocarditis, or pleuritis, rarely leaving any sequelæ. He claims that salicylic acid and its salts irritate the kidney, a claim that it will require some more definite reasons than those he gives to substantiate. He prefers wet packs to cold baths. These packs he repeats four or five times a day, each being renewed three times at intervals of ten to fifteen minutes, or till the temperature has been lowered two degrees. The temperature of the water for stronger children should be 68° to 70° F., and for weaker children 72° to 77° F. He thinks cold douches only advisable in deep coma or wild delirium, and believes that where the indications are not simply to lower a very high temperature, quinine nor extreme hydropathic measures, among which wet packs are not to be considered should not be used. The whole article is one of great value, not from its excessive originality, but

from its suggestiveness. The author makes no mention of the inunction treatment, which it is claimed prevents many of the sequelæ of this disease.

THE PROBLEM OF THE REMOVAL OF NUISANCES IN GREAT CITIES.—This is one of the greatest sanitary problems of the age, involving as it does the matter of the economical and complete disposal of all matters likely to prove prejudicial to the health of a large community. In all discussions on the subject, Paris and the European cities are held up as examples how matters should be conducted, and the criticism is continually made that the evil condition of things in the new world is due to the prevalence of a thirst for spoils and plunder, consequent on a wretched condition of the civil service. It would seem, however, from a recent article by Dr. H. S. Tracey, (Popular Science Monthly, March,) that the supposed cleanliness of Paris and London was much exaggerated, those cities being as bad, according to quotations from the English and French daily papers, if not worse, than Chicago, New York, or other American cities. In Paris, even so relatively insignificant a corporation as the rag pickers' guild, is able to set at defiance the regulations of the street-cleaning bureau. Fourteen thousand men and an expenditure of \$100,000 were unable to render Paris clean after a snow fall of twenty-two inches during two months. If such be the condition of things in this exemplar city, with such a large force of men and proportionate pecuniary resources, should not a little charity be extended to Chicago's sanitary officials, who, fettered by insufficient means, by the demands of politicians, by city streets, whose paving and grading offer infinite obstacles but are at the same time inseparable from a rapid and exuberant urban growth that cannot be forced into fixed lines to any great extent by a despotism and certainly not by a republic, are endeavoring to secure the health of such a large and so rapidly growing a city?

CONDITION OF THE PARIS HOSPITALS.—The Paris hospitals are renowned as schools for much clinical instruction. The city itself boastfully claims that it is the world's capital, yet, according to recent accounts, (*British Medical Journal*, February,) its manner of dealing with cases of midwifery that may overflow from an over-crowded midwifery ward, would not be any discredit to the king of Dahomey. Any unfortunate woman for whom there may not be room in the midwifery ward, is transferred to the general wards and treated there in the same ward with pyæmia, or it may be, a case of variola, since the French treat that disease in general hospitals. An English medical gentleman found an interne treating a case of apparent abortion by painting the abdomen with collodion, in apparent ignorance of the real state of things, having not thought it worth while to make any examination. American medical schools may be far behind those of France, but it would be indeed surprising if a single hospital in the United States presented a similar condition to that described as common to the Paris hospitals.

DRUG-TESTING BY THE "HOSPITAL PLAN."—In a recent communication, a firm of wholesale druggists, largely engaged in the introduction of new remedies, propose a new system of testing drugs introduced into the market, which, judged from a mercantile standpoint, is decidedly original, and, judged from a medical, specially commendable. The drugs are to be tested in the following manner: A certain number of well selected cases are to be treated with the drug by competent physicians and surgeons in the various hospitals and dispensaries, and an official report of these cases is to be made to the firm, which will give the results, good, bad or indifferent, to the different medical journals after twenty-five cases in different hospitals have been treated with the drug in such a manner as to afford a fair test of its value. The object of this, as expressed in the firm's circular, is to

secure certificates of the value of drugs free from the ordinary elements of error and suspicion to which most medical testimonials are at present liable. The results of the experiments are to be embodied in book form, by the firm, as a permanent contribution to literature. Such is the plan laid out by the firm, and its original features consist in the recognition of the possible fallibility of the medical man in giving unbiased testimonials to the drug houses whose samples and advertisement he secures. The firm have found evidently that this system is beginning to be looked on with suspicion and, this redounds greatly to their honor, are endeavoring to substitute for it this "Hospital Plan" of testing drugs, a plan much more definite and valuable in its results and giving less opportunity for the advertisement of little great medical men.

JUNIPER BERRY POISONING.—Dr. Ivan Godnef describes (*Med. Vestnik*, abstracted in the *Physician and Surgeon*,) a case of poisoning by the use of juniper berries for fancied œdema and rheumatic pains. An hour and a half after drinking the decoction the patient experienced great prostration and dyspnœa. The urine was normal. The patient remained conscious. The dyspnœa gradually increased, and the face became swollen and red in the course of two hours and a half. In four hours the patient could hardly walk, having considerable vertigo and severe dyspnœa; he was at the same time very cyanotic. The face, feet, and thorax soon became œdematous. The pulse was at this time weak, and urine abundant. The symptoms increased in severity towards night, and seven hours after drinking the decoction the patient died. Upon autopsy the face, neck, and upper part of the skin were of dark purple color. The brain and pia mater were hyperæmic, the lungs, liver and kidneys also; but how many of these changes were secondary and how many primary, was not determined. From the symptoms given, it

would appear as if the heart was originally affected, the kidneys, lungs, brain, being so only secondarily.

RECOVERY IN WELL MARKED CASES OF PRURIGO.—E. Lang, in a late number of the *Wiener Medicinische Wochenschr* if p. 526, xxx 1880, reports two cases of recovery from undoubted well marked cases of this disease in a boy aged seventeen and a child of two. In the first case a sulphur bath was given daily, and, every second day, the skin was energetically rubbed with carbolized oil, Fowler's solution at the same time being administered in increasing doses. After each rubbing the patient was wrapped in woolen blankets, and so remained for several hours, generous diet at the same time being prescribed. After two months' treatment the skin had nearly resumed its normal condition. Treatment was kept up for eight months with less persistency, the patient finally recovering and remaining well when last heard of, two years later.

In the second case, the disease began in the third month of life, lasting till the child came under observation, at which time it had reached the age of two years. The treatment adopted was tar applications, the child recovering and remaining well when last heard of five years later. Lang expresses the opinion that these cases show the necessity of persistent treatment, but does not claim anything for the special mode of treatment adopted. The disease is an exceedingly obstinate one, and the cases given by Lang occurred at the period when it was most amenable to treatment. Still the communication is not without value in showing that persistent treatment is of value in certain advanced cases of prurigo in childhood, and therefore, inferentially, in the more obstinate disease of the adult.

THRUSH IN THE ADULT.—Dr. Laboulene recently reported (*Union Médicale*) a case of thrush coming on in an adult after a very slight coryza.

ENGLISH CORONER'S INQUESTS.—Crownor's 'quest law has been the theme of ridicule in England since the time of Shakespere, and it might readily be imagined that the system would long ere this have been altered. But the details of a recent English inquest, as given in the *British Medical Journal*, are almost beyond criticism. A lodger in an inn was found dead in bed, whither he had gone intoxicated. The coroner's beadle, who appeared on the occasion, gave evidence that "he had had the body laid out and found nothing to indicate the cause of death, the hands and feet being clenched." In answer to a question this expert—for he was the only one called that might be so termed who appeared—stated that he believed "the deceased had a fit of apoplexy while, asleep in a state of drunkenness." This was the only evidence of medico-legal character which was introduced on the trial. The jury on this evidence came to the verdict of "Death from natural causes." Had this inquest occurred in the United States, where the coroners are, as a rule, chosen purely for political reasons, the outcry at such a mockery of judicial investigation would have been so great that some reform would have resulted. How the English can expect to detect crime without employing medical science in their inquests is a problem not yet solved.

A NEW SMALL-POX PROPHECY.—The *New York Medical Record* has suddenly discovered that Chicago is to have a small-pox epidemic. As Dr. De Wolf, the sanitary superintendent of Chicago, appears to have stamped out the disease in this city, it is difficult to ascertain the basis of this prophecy. Small-pox appears to be spreading in Philadelphia, and even nearer home, yet the *Record* has to look to Chicago as the home of the epidemic. What particular jealousy is veiled under this sympathy it is scarcely necessary to enquire. Is the *Record* a rival to Dr. Luke P. Blackburn's honors?

ARSENIC IN THE TREATMENT OF MALIGNANT LYMPHOMA.—Dr. J. Israel (Berliner Klinische Wochenschrift No. 52, 1880,) discusses the possibility of curing malignant lymphoma by the use of arsenic, meaning by lymphoma what is called by Virchow, lympho-sarcoma, and by Langenbeck, sarcoma of the glands. Billroth, he claims, was the first to show that arsenic possessed a beneficial influence in discussing tumors. Dr. Israel cites a case which he claims demonstrates the possibility of the complete curability of this class of malignant tumors. A woman aged sixty-five had enjoyed perfect health until January, 1879, at which time there was noticed a difficulty in hearing, to which followed an obstruction of the nares, rendering respiration through the nose difficult; subsequent to this there came a difficulty of deglutition, and with this a steadily increasing swelling of the glands of the right submaxillary region made its appearance. During October, 1879, the glands on the left side also enlarged, especially those above the clavicle. She became almost deaf, and imperfect deglutition led to imperfect nutrition. She was unable to sleep at night on account of dyspnoea. During February, 1880, she was admitted into the Jewish Hospital in a greatly emaciated condition, having a yellow cachectic appearance, almost deaf, and nearly unintelligible. On examination of the fauces, the velum palati was found to thrust forward by a soft elastic swelling, which occupied the entire naso-pharyngeal space, filled up the posterior nares, and extended as far as the lower border of the tonsils. The glands on the left side of the neck were greatly enlarged, extending from the angle of the maxilla to the clavicle. On the right side the submaxillary and axillary glands were enlarged. There was no fever present, the pulse being ninety-two. The patient was placed on $\mathcal{R}$ Liq. kali arsenit $\mathfrak{z}$ i, aqua destill. $\mathfrak{z}$ iv, ms gttā x ter in die. This dose was increased gradually, by the end of four weeks, to

thirty drops three times a day; this being continued eleven days and then decreased. At the same time an injection of from one-tenth to three-tenths of a hypodermic syringe of the following solution: $\mathcal{R}$ Liq. kali, arsenitis, aqua destill. aa partes æquales, was made into the tumor, and glandular swellings, at least once a day. Under this treatment the tumor gradually diminished in size, as did also the glandular swellings; which at first enlarged under treatment. At the end of the fourth week the patient could respire through her nose, and by the end of the ninth she was discharged, apparently in perfect health. If this be not one of those cases of self-deception which are so numerous in the therapeutic history of malignant growths, it opens up a possibility of fair promise for the future. The idea of treating malignant tumors by arsenic is, however, not so new as is inferred by Dr. Israel.

PHYSIOLOGICAL ACTION OF THE PRINCIPLE OF PISCIDIA ERYTHRINA.—Dr. Isaac Ott (Archives of Medicine, February, 1881,) has arrived at the following conclusions in respect to this alkaloid.

- I. That piscidia is a narcotic.
- II. That it does not paralyze or excite the motor nerves.
- III. That it does not act on the extremities of the sensory nerves, but their central connection, the sensory ganglia of the spinal cord.
- IV. That it produces convulsions partly by stimulation of the spinal cord, partly by heightened excitability of striated muscles.
- V. That it reduces the frequency of the pulse by an action on the heart itself, probably on its muscular structure.
- VI. That the arterial tension rises by stimulation of the monarchical vaso-motor centre, and that it soon falls owing to a partial paralysis of this centre, and the heart itself.
- VII. That it at first contracts and then dilates the pupil. It is, however, not shown positively that the seventh conclu-

sion follows from the experiment given, a single one on a rabbit.

RESORCIN AS A SUBSTITUTE FOR CARBOLIC ACID.—Dr. Dujardin-Baumetz (*Progrés Medical*, Feb. 5, 1881,) has been experimenting in his wards with this substance. It is a white crystalline odorless benzine, very soluble, and having the antiseptic qualities of the phenols and carbolic acid. The Germans have employed it in place of carbolic acid in surgical operations. Its sweet taste and slight odor allow of its use in buccal ulceration, diphtheria, gastric catarrh etc. It is, however, in no respect superior to carbolic acid, and, like it, is caustic and toxic in concentrated solutions. In fevers and acute rheumatism it is in no respect superior to salicylate of soda. Its only value lies in its slight odor and taste, it being in no other respect superior to carbolic acid.

DEATH FROM HYSTERIA.—M. Reynaud reports a case (*Progrés Medical*, Feb. 5,) where death has occurred, as he claims, from hysteria. A woman, aged thirty-three, had been under Dr. Reynaud's care since her seventh year, and at various times had presented hysterical attacks and one among them had even taken an hydrophobic character. She was liable at times to eczema of the lower extremities, and onychia. Some eight days previous to the report the patient had been taken with fever and had a fixed pain over the occiput. Then ensued stiffness of the neck and trismus, but no motor phenomena in the limbs. On the following day pharyngeal spasms appeared with other symptoms of hydrophobia, followed by intermittent contractions of the diaphragm, feeble pulse, dyspnoea and cyanosis, the patient dying during the dyspnoea. Dr. Reynaud expresses an opinion that the patient died either from tetanus, hydrophobia, or hysteria, and that the probabilities, in his opinion, were in favor of the hysteria. The case has a, by no means, perfect model of a history, but from

it there would seem to have existed, as was insisted on by Drs. Rendu and Raymond on the reading of the case before the *Société des Hopitaux*, bulbar paralysis and cervical myelitis.

THE ILLINOIS PHARMACY BILL.—A copy of this has been received and it seems fairly complete in all its provisions, except that there is left a loop-hole through which much harm may be done until it is closed by judicial interpretation. The proposed law allows dealers to sell common family medicines. While there are reasons that this should be permitted in country stores where pharmacies do not exist, still the proposed law should be so changed as to prohibit it in places where a pharmacy exists, otherwise it will be, at least for the present, perfectly easy for an unlicensed and incompetent individual to sell laudanum, paregoric, tartar emetic, or chloroform, under the plea that they are family medicines in common use. If the bill be not amended in this respect before its passage this question will subsequently have to come up for judicial decision.

IODINE TREATMENT OF DIPHTHERIA.—Dr. H. P. Gauthier communicates the following cases of diphtheria treated with iodine in the practice of Prof. Jay Owens, of St. Paul, Minn. A woman was taken with sore throat, chilly sensations, difficulty in swallowing, and fever, together with patches on the left tonsil. At 5 P. M. the same day ten drop doses of Lugol's solution of iodine were ordered every hour. The patient's pulse at this time was 127 and had a temperature of $104\frac{1}{2}^{\circ}$ F. At one P. M. the following day she could swallow without difficulty, the patches had almost disappeared from her tonsils, her pulse was 106 and her temperature $101\frac{1}{2}^{\circ}$ F. She was up and about in two days more. Case II. Male, aged twenty-six, had at 5 P. M. when seen a pulse of 133 and a temperature of $103\frac{3}{4}^{\circ}$ F. There was a diphtheritic patch

on each tonsil and the patient was extremely weak. Ten drop doses of Lugol's solution were ordered every hour in water. At 1 P. M. the day following the patch on one tonsil had disappeared, the patch on the other was disappearing; the patient had a pulse of 97 and a temperature of 100° F. In three days he was able to engage in his usual avocations. While it is possible that elements of error may exist in cases observed by a single physician, these can scarcely be expected to occur in the results of two observers, so that from these cases of Dr. Owens, added to those of Dr. Gauthier, it would appear that iodine exercises considerable influence over diphtheria, but the cases are still too few to express a decided opinion on.

INSUSCEPTIBILITY TO NITROUS OXIDE.—

At a recent meeting of the Odontological Society of Great Britain, Mr. George Lyndon reported some curious idiosyncrasies of patients in respect to nitrous oxide gas. One gentleman, a dyspeptic clergyman, otherwise healthy, could inhale apparently any amount without the least visible effect; some twenty gallons were wasted upon him in the vain attempt to induce anæsthesia. The apparatus was in perfect order, and with the next patient operated upon the gas produced its usual effects. Another case, a lady, was similarly insensible, and another anæsthetic had to be employed. A number of members of the society doubted the insensibility of the patients, and attributed the difficulty to some imperfection in the apparatus. On the other hand, one other member stated a similar case in his own practice, where, after careful search, he had been unable to find any cause whatever in the administration; the patient was somewhat tired and excited, and deferred the operation till the next day, when she took the gas successfully. These cases are suggestive, and it would be of interest to know of any similar experience with this or other anæsthetics. Very decided differences have been noticed in susceptibility of

different persons, and of the same persons at different times, but in no case such absolute insusceptibility as is here stated. The subjective symptoms from nitrous oxide vary widely in many respects from the average in different persons, according to their own statements, and it is an anæsthetic that deserves further investigation in this respect.

IS CHARBON TRANSMITTED BY PLANTS AND THE SOIL.—Dr. Colin (France Médicale) has been examining experimentally the claims of Dr. Pasteur that charbon can be transmitted by plants which may be grown in the place where charbonized bodies have been buried. He had taken the opportunity of burying sixty animals, dying from charbon, in the soil at varying depths. The grass and shrubs growing on the soil have been eaten by rabbits without producing charbon. The earth taken from immediate contact with the carbonized body has been mixed with forage and used as food for animals, without any result, and the water in which this earth has been dissolved has been mixed with food and given to animals. It has also been inoculated, but in not a single case did charbon result, whence he concludes charbon is not transmissible by plants or the soil.

DELUSION AS AN ELEMENT OF PROGNOSIS IN INSANITY.—Dr. E. C. Spitzka, in a recent very exhaustive paper on the subject of insane delusions (*Journal of Nervous and Mental Diseases*, Jan., 1881), comes to the conclusion that delusions are divisible into two great classes, systematised and unsystematised, the former being found exclusively in the chronic psychoses, the latter in either the chronic or acute. Thus general paresis, although a chronic type of insanity, has unsystematised delusions, while the delusions of monomania are distinctly systematised. The value of delusion as an element of diagnosis has been called attention to very frequently, but Dr. Spitzka is the first to formulate the diagnostic difference in exact terms.

PULMONARY SYPHILITIC AFFECTIONS.—Gamberini, of Bologna (*Giornale Italiano delle Malattie Veneree e della Pelle*, abstracted in *British Medical Journal*), has arrived at the following conclusions respecting pulmonary syphilitic affections: "A simple inflammatory syphilitic pneumonia is admissible but not yet proved. The occurrence of a gummy form of disease is established beyond a doubt. True pulmonary tuberculosis may be associated with syphilis, but then preserves its own pathological character. To distinguish between the syphilitic and tubercular phthisis, the author proposes the title of consumptive pulmonary syphilis. The influence of specific treatment is the best means of therapeutic diagnosis between tubercular and syphilitic disease of the lungs. The author agrees with Schnitzler, that pulmonary disease as a consequence of late general syphilis, or even of acute secondary syphilis, is not a rare occurrence. Laryngeal lesions often precede or accompany syphilitic pulmonary disease. The symptoms of syphilis of the lungs are generally those of pneumonic phthisis. Syphiloma usually spares the apex, which tubercle usually attacks. Pulmonary syphilis is usually slow and apyretic, which is not true of tubercular phthisis. Syphilis generally attacks one lung and one part of that lung."

The points of diagnosis given by the author are, as a rule, of value, but there are many cases in which pulmonary syphilis has attacked the apex, and there are also cases of tubercular phthisis which are slow and apyretic.

A NEW PARASITE IN PORK.—J. Duncker, of Berlin, has discovered a new parasite in pork. He describes it as a small leech-like worm, of an hitherto undescribed species. The animals are found moving about very actively among the muscular fibres and the connective tissue investments. The "*Zeitschrift fuer mikroskopische Fleischbeschan und populaere Mikroskopie*," contains a full description of them, accompanied by illustrations.

CARDIAC DISEASE AND HEPATIC CONGESTION.—Rendu, in a recent interesting article, (quoted in the *Journal de Médecine et de Chirurgie*) discusses the relation between cardiac disease and hepatic congestion, claiming that the facts to a certain extent support Jules Simon's view that, a bilious temperament, gout, and gravel, act as predisposing causes in determining hepatic congestion in case of cardiac disease. Rendu also finds that the hepatic congestion and the cardiac disease do not bear any relation as to extent; a slight cardiac disease producing considerable hepatic congestion, while a grave disease may be without effect. Rendu claims that too little attention is paid to this complication of cardiac diseases, more especially since it furnishes certain valuable therapeutic indications, in illustration of which he cites the following case: A patient fifty years of age came under observation in his service at the hospital, who had suffered from a mitral insufficiency for a long time, and had been treated at the hospital for several more or less violent acute attacks. There had been recognized at the same time considerable hepatic congestion. In the previous attacks the disease had been treated by the usual means, digitalis, etc., to which it yielded but slowly, the liver always retaining its abnormal size. Struck by this latter fact, Rendu endeavored to act vigorously on the liver, applying for that purpose several wet cups over the region of the liver. Under this treatment the liver rapidly diminished in size, the heart functionated nearly normal, the dyspnoea, as also the other oppressive symptoms, disappeared. It would seem probable, therefore, that there was much mutual intercomplication resulting in a species of vicious circle. The heart affected the hepatic circulation, which became the principal obstacle to the re-establishment of the proper function of the heart, and the hepatic congestion so produced being relieved by the wet cups, the cardiac functions were soon re-established. While the chain of reasoning in

this case is by no means as closely forged as it might be, still the success should lead to an examination of the liver in cases of obstinate cardiac disease, and treatment in the way indicated by Rendu would perhaps prove of value, and certainly do no harm.

TREATMENT OF KELOID BY SCARIFICATIONS.—M. E. Vidal recently presented a case before the Paris Société de Chirurgie of keloid in a man aged forty-eight, in whom the disease had come on after the application of croton oil. The tumor, at first only the size of a pea, rapidly increased. Scarification practiced since last November has resulted in rapid improvement.

UNION BY FIRST INTENTION in a certain class of operations has been a much discussed matter and one that is frequently decided in the negative. The class of operations, in which the greatest difficulty is found in this respect, is that in which tumors are dissected out. Dr. E. C. Dudley, of Chicago, has recently proposed a new operation with a view of obtaining union by first intention after the removal of cysts of the vulvo-vaginal gland. The operation consists in dissecting out the wall of the cyst and bringing the two surfaces together by means of sutures passed deeply beneath the dissected portion. The operation has been fairly successful, and the doctor raises the question as to whether a similar procedure would not have a like result in fistula in ano. The fistula to be slit up in the usual way and the fistulous tract dissected out, the edges being then brought together by means of sutures in the way already described.

LARYNGITIS IN CHILDHOOD.—Dr. Jules Simon (*Gazette des Hopitaux*), divides the laryngitis in children into three classes: First, simple inflammatory laryngitis due to cold, which may be slight or intense, becoming, when of a sufficient intensity, even grave. The laryngitis resulting from rubella and variola is also of this nature,

Second, stridulous laryngitis or inflammation of the glottis which is accompanied by spasms and the apparent phenomena of croup. Third, pseudo-membranous laryngitis or croup, characterized by the formation of diphtheritic patches. The points of difference between these various forms are as follows: In the slight inflammatory form the child has a slight cough, at first dry, then moist, with general malaise and slight fever. In the grave inflammatory form, there is pain in the larynx a painful cough, difficult respiration, with great fever, and pronounced gastric troubles. Stridulous laryngitis is generally met with in children between two and six years. It usually begins between twelve at night and two in the morning. The child is awakened suddenly with an appearance of suffocation; the countenance is haggard and expressive of terror. There is a harsh, strident tone to the cough. The pseudo-membranous laryngitis is characterized by the usual symptoms of croup. The distinctions made by Simon between these various conditions do not seem to be justified by the symptoms he gives.

DELIRIUM IN ACUTE RHEUMATISM FROM SALICYLATE OF SODA.—In four cases recently reported (*British Medical Journal*, Jan. 29,) salicylate of soda was administered in twenty grain doses every three hours, with the apparent result of producing delirium. The delirium was of depressing type and the idea of persecution entered into it in most of the cases. The delirium promptly disappeared on the salicylate being stopped.

EXTIRPATION OF THREE OVARIES.—Dr. F. Keppler, of Venice, reports (*Allgemeines Wiener Zeitung* No. 36, 1880,) the removal of three ovaries and three tubes in one individual. The operation was performed for the relief of cystic degeneration, and is the first on record of this kind, being almost as much a rarity from an anatomical, as it is from a surgical, standpoint.

EUCALYPTOL IN MALARIAL ALBUMINURIA.

—In a recent article in the St. Louis Chemical Record, Dr. Hazard describes, from cases occurring in the practice of Dr. L. Bauer, a form of albuminuria, which occurred in cases attacked with malarial fever, one apparently as a consequence of sewer gas, presenting, other than the albuminuria, no evidence of renal disease, except very slight ascites be considered such. The use of quinine, iron, and arsenic relieved the febrile and malarial symptoms other than the albuminuria, but, even with the addition of digitalis and other diuretics, had but little effect on this. The use of ten to fifteen drops of eucalyptol, in emulsion form, caused the rapid disappearance of the albumen and improvement in the general health.

While the etiological relation between the malaria and the albuminuria can not be said to be at all clear, still there appears to be but little doubt of the prompt diuretic action of the eucalyptol, and inferentially, of its influence on the albuminuria.

BROMIDE OF POTASH IN BLADDER CATTARRH.—Dr. Angelo Cianciosi (Bull del Sc. Med. di Bologna, abstracted in the Union Medicale du Canada,) claims that through its depressing effect on the vaso-motor nerve centres and the cardiac plexus, bromide of potassium exerts a calming influence on the organism, and as the salt passes off preferably through the respiratory and genito-urinary system, the mucous membrane of the bladder finds itself in direct contact with it, so that there is little doubt the salt must exert a direct influence on the vesical mucous membrane when abnormally excited. Acting on this theory, Dr. Cianciosi has found that several cases of cystitis yielded promptly to the use of bromide of potassium. If this theory be correct, it would seem that direct application of the salt made by means of a urethral injection, would prove of even more value than the rather roundabout way of applying it through the mouth.

DETECTION OF MINUTE TRACES OF ARSENIC, LEAD AND COPPER IN THE URINE.—Reichardt (Archiv. Pharm.) has made several attempts to estimate minute traces of the above substances in the urine. His results show that many of the mysterious cases with which physicians have to do may arise from chronic poisoning. In several cases the author claims to have traced the chronic poisoning to the occupation of rooms whose walls or carpets contained arsenic pigments. These results apparently contradict the statements published in this journal a few months ago, and which tended to show that arsenical pigments were not likely to produce toxic symptoms. But in the cases given above, the arsenic is supposed to have been taken into the system in a state of fine dust and not volatilized. Carpets containing arsenic should especially be avoided, inasmuch as the dust arising from sweeping must contain arsenic.

TREATMENT OF NEURALGIA TESTIS.—Dr. Wm. A. Hammond has recently (Neurological Contributions) found that strong pressure exerted on the testicle, by means of an apparatus modified from one of the wooden test tube molders by giving it a little more room between the blades and placing another india rubber band about it so as to increase the pressure, had the result of curing the neuralgia of that organ in two cases. He raises the question as to whether atrophy of the testicle would be likely to follow the operation, and decides that the question is not of much importance so long as but one testicle is affected, though if the two be affected it becomes of some importance, and he thinks atrophy might result should the spermatic nerve be irreparably injured by the pressure.

EPIDEMIC PREDICTIONS.—Dr. Luke Blackburn, of Kentucky, predicts an epidemic. The doctor's opinion on epidemics is not to be underrated, considering his experience in that respect during the late war.

EROSION OF THE LARYNX FROM THE ACTION OF GASTRIC JUICE is claimed by Dr. M. A. Fritsche (*Deutsche med. Wochenschrift*, 1881, No. 5,) to be an occurrence more common than is supposed. He presents the following case: He removed a polypus from the anterior portion of the margin of the left vocal chord by galvanocautery. After ten days the wound was nearly healed, the patient returned with laryngeal pain and hoarseness. The laryngoscope showed symmetric ulcers extending laterally from the posterior margin of the vocal chords. They presented ragged edges and had a whitish coating. The only cause he could assign was vomiting and entrance of vomited matter into the larynx. He had complained of pain at the time, and of immediate hoarseness. The action of the gastric juice was probably formed by the still inflamed condition of the parts at the time. Within some two weeks the ulcers healed under the use of mild astringent insufflations. The author insists that a similar rapid formation of ulcers occurs frequently in phthisis of the larynx, probably also from regurgitation of vomited gastric juice. There must exist doubt, however, whether the acid juice would not be removed by coughing before it had time to corrode the tissues.

COMPOUND COMMINUTED FRACTURE OF THE FRONTAL BONE, TREPHINING AND RECOVERY.—Dr. Jas. S. Smith gives (*Buffalo Medical and Surgical Journal*, February, 1881,) a report of a case where a man aged twenty-one years was knocked down with a fence picket, causing a star-shaped fracture of the frontal bone, with slight depression and a puncture. The bone was trephined, coagula of blood beneath the fracture removed, and the patient perfectly recovered five weeks after the injury. Despite the apparent success of trephining, many of these cases have a meningeal process set up which causes them ultimately to enter lunatic asylums as cases of general paresis.

ACUTE DECUBITUS FOLLOWING ACUTE PNEUMONIA OF SHORT DURATION.—Dr. Galliard (*France Medicale*) reports a case where decubitis followed rapidly on an acute attack of pneumonia in a well preserved old lady. The patient entered the hospital five days after the first symptoms of pneumonia, and by the ninth day the symptoms of resolution made their appearance, but with them came the first symptoms of the decubitus. By the seventeenth day resolution was complete, but mortification of the sacral region set in and the patient's temperature rose rapidly. By the twenty-fifth day the slough was completely detached, but in spite of antiseptics the patient rapidly succumbed and died. On the autopsy the pneumonia was found to have entirely disappeared, and to no cause other than the decubitis could death be ascribed.

THOROUGH MEDICAL EDUCATION IN CINCINNATI AND NEURO-ANATOMY.—The Cincinnati Lancet and Clinic says medical education has never been more thorough than at present in that city. Thoroughness in Cincinnati must be very peculiar, to judge from a recent lecture of Dr. Forchheimer, in which he says that "Gray matter is only found in the posterior part of the spinal cord, the anterior consisting exclusively of white matter, either in the lumbar or cervical plexus." These discoveries upset everything hitherto known about the anatomy of the spinal cord, and certainly do credit to the thoroughness of Cincinnati medical education.

THE ANNALS OF ANATOMY AND SURGERY.—This valuable exchange has been recently much enlarged. Occupying as it does a special field, it has in that probably but few, if any, equals. It is printed in exceedingly good style, on excellent paper, and a subscription to and perusal of it will be ample rewarded. Subscription price, \$2.00 per annum. Address, Editors Annals of Anatomy and Surgery, 28 Madison st., Brooklyn, N. Y.

THE MEETING OF THE RAMSEY COUNTY MINN. (ST. PAUL) SOCIETY.—This was held January 31, 1881, and an excellent paper on the "Responsibility of Physicians in the Matter of Public and Private Hygiene" was read by the retiring president, Dr. Hagan.

The paper contained matter of exceeding value from a popular sanitary standpoint, and dealt very severely with the too prevalent cant about epidemics being providential dispensations. The doctor claimed that at least half a million deaths annually, in the United States, were the result of preventable diseases, a large proportion of which were among children under five years. The paper concluded with the following suggestions:

1st. By custom or law every family should have a physician.

2nd. The physician should be employed by the year.

3rd. The salaries should be graded to suit the requirements of the case.

4th. No other fee should be paid for treating sickness in any family during the year than the salary.

If these suggestions could be carried out the physician's chief duty would be to act as a hygienic adviser. He would have to visit his families at least four times a year, inspecting the family's sanitary surroundings.

(These suggestions though perhaps original with the doctor, have been anticipated by the Polish Hebrew congregations, several of whom hire their physician by the year. Still it cannot be said that such measures have resulted in improved sanitary surroundings of these people. There is also a large number of people who would pretend to be ill for the sake of sympathy, and thus uselessly increase the physician's labors, were the plan of paying by the year to be adopted.)

A paper was then read by Dr. Talbot Jones "On the Influence of Sewer Gas in the Production of Zymotic Disease." The paper was the result of certain investigations made by him in relation to the health

of men engaged in sewer-cleaning. The paper first discussed the relations of sewer gas to the production of zymotic diseases according to the opinion generally expressed, but claimed that this opinion was erroneous, and that sewer gas never produced zymotic disease unless the disease germs were present in it. The inhalation of sewer gas simply produces toxæmia and never specific disease, unless the germs are present. The author then gave a summary of our present knowledge on the subject of bacteria. That the influence of sewer gas was not absolutely dangerous to health, was, in the writer's opinion, shown by the fact that the workmen employed in the St. Paul sewers never suffered from any disease attributable to the character of their occupation. The workmen who were interviewed had never suffered from zymotic disease, and always enjoyed good health. The opinion that sewer gas might act as a carrier of contagion was regarded as true, but exaggerated. The doctor concluded by giving the chart of the distribution of deaths in St. Paul, showing that along the line of sewers the proportion of deaths was greatest, but that the relation between the death-rate and sewerage was not very decided. The paper was discussed by Drs. Stone, Boardman, Leasure and Jones. Dr. L. B. Sheardown, upon invitation, exhibited a cervical vertebral fracture just below the origin of the phrenic nerve. The fracture had resulted in paralysis and death after five days, the respiration being apparently but little affected. Some general discussion was then indulged in regarding the bill now before the legislature for the regulation of the practice of medicine in Minnesota. The bill is similar in its provisions to that now in operation in Illinois. Drs. Wedge, Sheardown, and Hill, members of the legislature before which the bill was pending, expressed their opinion that the bill would be passed.

Dr. A. J. Stone, who had been elected president during his absence, entered, and learning of his election, declined the honor

on the ground of his being already president of the State Medical Society, and nominated Dr. Daniel Leasure, who was thereupon elected president. After which the society adjourned.

OLD CHEESE.—An important step has lately been taken toward explaining the changes which take place in the ripening of cheese. Ducloux (*Comptes Rendus*) has shown that this process is a real fermentation. It is not, therefore, a spontaneous change, as has long been believed. In his researches Ducloux has found about one hundred different species of ferments. He has studied carefully twenty. The fermentation of cheese, however, is confined almost entirely to its nitrogenous constituents. Perhaps old cheese, some kinds of which are so palatable and nutritious, may find more general favor since we have learned that it is not rotten.

ARGYRIA, FOLLOWING FREQUENT PHARYNGEAL APPLICATION OF ARGENTUM NITRATE.—A case was recently reported in the *Archives Medicales Belges* of a woman who noticed a bluish discoloration of the skin following repeated cauterizations with nitrate of silver stick. The absorption of the silver took place, it is claimed, in part from the mucous surface of the cauterized surface, but to a greater extent from the intestinal surface, the results of cauterization being sent to the alimentary canal through being swallowed.

VOMITING OF PHTHISIS.—Harrot (*Union Médicale*) proposes to treat gastralgic vomiting in phthisical patients with either a fly blister over the epigastrium or, in certain cases, by hypodermic injections of morphia in the same region, which have had equally good results. Peter (*Union Médicale*) treats this complication with one drop of laudanum given after each meal in a teaspoonful of water. Gueneau de Mussey (*Union Médicale*) recommend

the use of small doses of belladonna. Pédoux (*Union Médicale*) treats this symptom with small doses of nux vomica, which has the advantage of improving the tone of the stomach in addition to relieving the phthisical anorexia.

TREATMENT OF DIPHTHERIA.—Dr Griswold has met with much success in the treatment of this disease during several years of private practice, by the use of the following prescription, which has also proved of value in catarrhal conditions of the pharynx, larynx and bronchi:

R.	Ammon Mur.....	3i.
	Kali Chlor.....	3ij.
	Tr Ferri Mur.....	3ij.
	Syr. Lemon.....	3ij.
	Aqua.....	5vj.
M S.	3ij. pro re nata.	

He uses also stimulants and quinine as may be indicated.

ERGOTINE HYPODERMICALLY IN COUGH.—Ergotine injected hypodermically in doses of from one to three grains is, said by Dr. Allan (*British Medical Journal* Jan. 1,) to be of notable power in allaying coughs in various lung conditions and in diminishing sputum. It is not followed by any constitutional disturbance, though if injected into the subdermal tissue it occasions local irritation, and should therefore be deeply injected into a muscle. In the severe cough of phthisis it is indicated as a prophylactic.

WOOD SORREL JUICE AS A CAUSTIC.—Dr. Edgar Elting (*Annals of Anatomy and Surgery*, Feb., 1881,) has treated epithelioma of the lip successfully by three applications of the inspissated juice of the wood sorrel (*Oxalis acetosella*). The applications were made successively and of twelve hours' duration, and during the use of the caustic intense pain was felt. In eight days the eschar separated, leaving a surface covered with healthy granulations, which rapidly healed. No loss of blood occurred during the application of the caustic.

LOCAL.

WOMAN'S MEDICAL COLLEGE OF CHICAGO.

The eleventh annual commencement of the Woman's Medical College of Chicago was held March 1, 1881, at the Centenary Methodist Church. The president and board of trustees occupied seats on the platform, a portion of the auditorium being reserved for the graduating class. Dr. W. A. Byford, the president, delivered the introductory address, which sketched the beginning of the college under very disadvantageous condition, both from a financial and a medical standpoint, and concluded with eulogistic remarks to the graduating class.

The degree of doctor of medicine was then conferred on sixteen members of the class, one having not yet attained the required age. Certificates of honor were then conferred on such members of the graduating class as had completed a three years' course in the college. Dr. Sarah Hackett Stevenson delivered an address to the class. The valedictory address was then delivered by Dr. Ella M. Gilchrist, which gave a historical sketch of female medical education, concluding with a charge to the junior class. Prof. W. G. Maynard, after considerable effort, lost himself in some rather dubious rhetorical flourishes, after which the audience adjourned. The annual reception to the graduating class was held at the residence of Prof. I. N. Danforth, after the exercises. The reception was a very pleasant one and made enjoyable to those present by Dr. Danforth.

Of twenty students coming up for graduation at this college, seventeen were graduated.

CHICAGO ELECTRICAL SOCIETY.

Dr. H. Gradle delivered a lecture before this society February 21, on the perception of color, illustrated by various optical experiments.

RUSH MEDICAL COLLEGE.

At the commencement of this College,

February 22, 1881, one hundred and seventy-two students were graduated.

COOK COUNTY HOSPITAL—MEDICAL.

Three cases of disease, attended by considerable delirium and slight evidences of meningitis, cerebral and spinal, were admitted, two of which were from one locality. In the same ward was a child eight years old, presenting all the symptoms of chronic hydrocephalus, except the mental, its intelligence being equal to that of any other child of its age. The head measured twenty-five inches from the root of the nose to the occipital protuberance.

SURGICAL.

Dr. Verity performed the operation of osteotomy, February 22, on a patient aged fifty-five, who had sustained a Pott's fracture ten years before, which had not received proper surgical treatment, resulting in considerable deformity. The operation consisted in the removal of wedge-shaped pieces of bone from the inner side of tibia, one-third of an inch in width and one and three-quarter inches above the internal malleolus, by means of a linear incision beginning at the lower end of the internal malleolus, extending up four inches. The integument with the tissues beneath were carefully denuded from the periosteum and retracted. A transverse incision was made through the periosteum about one and three-quarter inches above the internal malleolus. The fibula was bored with the bone drill and fractured with gentle but firm force. The edges of the wound in the bone were then approximated with silver wire. The limb was then placed in Dr. Verity's universal splint for osteotomy, and the patient is since doing well. The universal suspension splint (described in the July 5, number of the Review,) has been found of considerable value in the treatment of decubitus following fractures in the lower extremities. In these cases the limb can be secured in a

tin trough attached to the universal frame work of the universal splint, and the patient can use the bed pan or have the bed-sore dressed, or other operation performed without discomfort. In all classes of abdominal operations, as herniotomy, ovariectomy, etc., the patient may be rendered perfectly immobile by the use of this splint. The splint made from three-eighths or half inch gas pipe is lighter, firmer, and more serviceable than that made from wrought iron, but costs a little more.

WEST CHICAGO MEDICAL SOCIETY.

The West Chicago Medical Society met at the Washingtonian Home February 28, 1881, Dr. Lyman reading a paper on anæsthesia, which was mainly historical and was discussed in very general terms by the Society.

CONTRIBUTIONS.

ERGOT IN LABOR.

BY S. B. CHASE, M. D., OSAGE, IOWA.

The use of ergot in obstetrics is still a mooted point. An old conviction in regard to the dangers of the use of this drug has become intensified in my mind by a case recently occurring in my practice. About three weeks ago I was called ten miles in the country to a lady in confinement. Her previous confinement had lasted from twelve to twenty hours, and delivery was possible only by forceps. On my arrival I found the membranes ruptured, the os patulous, but no progress had been made in six hours, and other than those given there was no evidence that labor had begun. For various reasons a speedy delivery was requisite, and the forceps were inadmissible. Twenty minims of ergot were administered, without avail, and after waiting half an hour the dose was repeated. Labor made rapid progress, and in an hour a fine boy was born. The expulsion of the placenta was, however, delayed, and on investigation this was found to be due to the fact that the os had rigidly closed on the cord holding it, as in a vice, and it was only after prolonged efforts that the delivery of the placenta occurred. A single case is not enough to base conclusions upon, I can therefore do no more than call atten-

tion to the fact that ergot sometimes acts peculiarly, and until the reasons and indications of such action are known, it is best to use the remedy with caution.

ABCESS OF THE LUNG TREATED BY EXTERNAL INCISION.

BY R. STANSBURY SUTTON, A. M., M. D.

Fellow of the American Gynecological Society,
Pittsburgh, Penn.

Early in 1879 I was called to see a Bavarian, aged thirty-four, who was much emaciated but presented the appearance of having been a very powerful man. The patient had a hoarse voice and a rapid pulse, his temperature on further examination being found slightly above the normal. He had had five years before a violent attack of pneumonia, from which he had never entirely recovered, but although for a time somewhat better than during the pneumonia, his general health had become much worse than it had been prior to the attack. Two years subsequent to the pneumonia he had three attacks of hæmoptysis. A year after which, symptoms of acute pleurisy made their appearances on the left side. At the present time the patient has much cough and a muco-purulent expectoration. On physical examination the right lung is apparently normal. There is a total absence of vesicular respiration, on the left side, gurgling, increased on coughing, being present at the same time; there is complete dullness on percussion while the patient remains sitting. On the patient's assuming a recumbent posture succussion showed a decided metallic tinkling. The recumbent position provoked cough with increased expectoration having a foul odor. The patient was informed that his case was one of doubtful prognosis, and thereupon left further procedure to the physician. The day following the examination just mentioned, I visited the patient in company with Dr. Geo. Rohansen, fully prepared to operate. To determine the correctness of the diagnosis of the supposed cavity, the lung was aspirated, giving vent to quite a quantity of ill-odored pus. A bistouri was plunged into the lung at the sixth intercostal space, giving vent to quite a quantity of foul purulent material which was ejected with some force when the patient coughed. Two large sized Nelaton's catheters were passed into the cavity through the opening and secured by adhesive plaster. At the margins of the wound, carbo-

lized distilled water at a temperature of 100°F. was projected by means of a Davidson's syringe through one of the catheteris, passing out through the other. The patient experienced the odor of carbolic acid at its first injection. The cavity was washed out daily for a month, the patient being well fed. He was able to be up and about for twenty-six days, and was apparently on a fair road to recovery, when he died suddenly on the thirty-first day. At the autopsy an abscess was found involving the entire lower lobe of the left lung. The pleuræpulmonalis and costalis were glued together. An enlarged bronchial tube led from the abscess to the trachea. The publication of the case by Dr. Fenger in a late number of the Review, has led me to publish this one.

My connection with the case resulted from the strong impression made on the mind of the patient by a dream in which he saw a man cut open his side, letting out foul matter, and as I soon after performed an ovariectomy in his neighborhood, he was led to select me.

CORRESPONDENCE.

NEW YORK LETTER.

NEW YORK, February 25, 1881.

Those who favor a higher grade of education will be greatly disappointed at the recent announcement made by the faculty of Bellevue Medical College. It will be remembered that a year ago it was resolved to require in future a three years' course of study before graduation at that institution, and to lengthen the winter time to eight months. By this means it was hoped that the average graduate would have had time enough to acquire some knowledge of the essentials of medicine, and would not leave the institution with the mere smattering which is all that can be gained from two short courses of lectures. Much that was very wise and commendable, was at that time said of the importance of a higher standard of education in medical schools; and it was thought that at last the eyes of the faculty were being opened to facts that had long been self-evident to unprejudiced minds. Circulars announcing the contemplated change and setting forth its necessity were widely distributed, and the project received the commendation of medical societies and of all who had the welfare of the profession at heart. It was not long before

the College of Physicians and Surgeons published a similar announcement, it being evident that only by keeping abreast with Bellevue in quantity as well as the quality of its instruction, could it hope to compete with a prospect of its former success. Hopeful glances were even cast toward the University Medical School, but its faculty held aloof from innovations, and preferred the more profitable plan of few short courses. And when the term opened in October last, the two first named institutions were pleased to find that time was allowed for dissection and attendance at clinics, as well as for lectures; and many entered upon this work without that sense of pressure which makes study an anxiety instead of a pleasure. Expressions of satisfaction at the working of the new system had been heard from both schools, and it seemed inevitable that it would be adopted eventually by the university. It was noticed, however, that the number of new students at the latter institution was largely in excess of those at Bellevue. But those who considered the end in view, viz.: a higher grade of medical education, predicted that in a few years the ratio of students in the two schools would be reversed, and the quality of the instruction obtained, rather than its actual cost, would be the first consideration. It was natural that at first there should be a flocking of students to the cheaper school, where a smaller amount of work would procure the diploma. But the moment that it came to be understood that the diploma of Bellevue represented work and time, that moment would it be recognized as more valuable, and the college would gain in prestige and also in students. This view has unfortunately not prevailed among members of the faculty. Alarmed at the temporary falling off from their large receipts, and refusing to look at the matter from any but a pecuniary point of view, they have just made an announcement that after the present session the college will return to its former requirements as regards fees, requirements, and the length of session. In other words, any hope of a higher standard of education may be abandoned as far as Bellevue College is concerned. To those who have appreciated the efforts of a few in the right direction, and have seen the great advantages to the students, this change is comprehensible. It is contrary to all the interests of the profession at large and to the public. The inadequacy of the courses in the medical schools

is seen in the number of students going abroad to pursue further study, and in the increasing number of applicants for positions on the hospital staffs. Every one seems to admit that few graduates on receiving their diploma are competent to enter general practice, and yet the attempt to remedy the evil fails. Fortunately there is no intimation of any such retrogression on the part of the College of Physicians and Surgeons. And the fact that there has been no increase in their numbers, warrants an exception of future success under the new method. It will be an honor to that college to be the only one in New York which maintains a high standard. It is certainly no small disgrace to Bellevue to have abandoned the attempt. It is said in excuse that the professors, most of them busy practitioners, could not give the increased amount of time required by the longer term. The question may arise of the relative importance of the work of teaching or practicing. But however that may be decided it is hardly creditable to the gentlemen concerned that their selfish interests should stand in the way of an advance as much needed as it is loudly demanded, both by the profession and the public. A little more disinterested regard for the credit of the profession and the good of the public would be hailed with satisfaction. It seems that the day for it has not yet come.

It may be of interest to your readers to learn of the success of the Night Medical Service recently established in this city, in accordance with the plan proposed by Dr. Henri Nachtel, of Paris. The management of the service was entrusted to the Board of Health, and they have reported monthly since September 1st, when the new system went into operation. According to the last report there have been about thirty-five calls a month for medical attendance at the police stations, and answered by the physicians living nearest to the residence of the patient. In all cases the attendance has been prompt and efficient; in several, undoubtedly, with the result of saving life. It is thought that the new system is far superior to the old one in which a police surgeon was sent for and conveyed to the patient often from a considerable distance, and with great loss of time. In a few of the cases it is found that the applicant is willing to pay the required fee of three dollars. In others the physician is paid from the fund appropriated for the purpose

by the State legislature. The sum appropriated (\$3,000) was thought at the time to be too small, but it will probably prove entirely sufficient. The new service has given such satisfaction in this city that it is about to be adopted in Brooklyn and Jersey City. We are all very grateful to Dr. Nachtel for introducing it into New York, and shall be glad to see it extend to every large city in the country.

At the recent graduation exercises of the Bellevue Training School for Nurses, thirty pupils were granted diplomas, having passed satisfactory examinations and finished their two years of practical training in Bellevue hospital. The increasing favor with which nurses for this school are regarded is shown by the fact that over three hundred applications for nurses were made during the past year, only two-thirds of which could be answered, as the number of nurses is limited. The difficulty at first encountered of securing suitable persons to undertake the work of nursing is no longer met with, there being two or three applicants now for every vacancy in the training school. This enables the managers to select those who are by their physical and mental endowments best fitted for the work, and as a result the present class was rightly considered the most efficient of any which has graduated. The advantages of securing such nurses in hospitals has led to the establishment of a training school in connection with the Brooklyn City hospital, and a graduate of Bellevue has been appointed superintendent. The change from the old method has already met with cordial appreciation by the attending nurse staff of the hospital. Fortunately there seems to be in this country none of the unpleasant jealousy between physicians and nurses which has given rise to so much discussion in the English journals. Here training schools are a success.

The busy practitioner in search of new remedies may be glad to hear of the success of deep injections of chloroform in sciatica and other neuralgias. In a case recently seen in Bellevue hospital the patient wholly recovered from a severe attack of sciatica after four injections of π xxv each, made just below the exit of the nerve upon the posterior part of the thigh. After the first injection the pain at once disappeared, but returned in the course of several hours with less intensity. Injections were made on successive days with similar result, the pain decreasing in

severity until after the fourth injection it failed to return at all. No inflammation was set up at the point of injection, though there was considerable pain attending the process. In a case of neuralgia of the infraorbital nerve, when a similar method of treatment was pursued, a sudden attack of syncope with complete arrest of the heart action, for a few seconds, was a rather alarming sequel. It seemed to be best explained on the supposition that the injection was made directly into a facial vein, and the chloroform reaching at once the heart caused its arrest. The patient was revived by the immediate inhalation of amyl nitrite, and by injections of whisky. The occurrence was of sufficient moment to attract some attention, and an increased caution in making rude injections about the face is the result. As this treatment is at present in favor, the caution may not be unnecessary.

S.

PARIS LETTER.

MIDWIFERY IN THE HOSPITALS—MEETINGS OF THE FRENCH SOCIETIES—MEDICAL CHAT.

PARIS, February 2, 1881.

Among the subjects at present under discussion in this city is the question of the treatment of midwifery in the general hospitals. The Conseil Generale have taken the subject under consideration, but are meeting with much opposition to their attempt to change the present rather shameful condition of things. The Progrés Medical and the Union Medicale are foremost in the opposition to what they deem an infringement on the rights of physicians. It is proposed to establish mortuary depots, where bodies can be received for days previous to the funeral—a matter likely to prove of great value to poor people who live in single rooms, and who would be much incommoded by the presence of a corpse in the living room during the period preceding the funeral. These mortuary depots also furnish some guard against the possibility of premature interments. The question of the isolation of the poison of hydrophobia has been raised in the Paris Academy of Medicine, and decided in the affirmative by Pasteur, but his conclusions have been much disputed and the question is not in the settled state he evidently considers it to be. The following story concerning Boeberaave, is going the rounds of the French medical papers: An English

writer being assured that this celebrated physician had ordered all his papers burnt except one volume, which he had had superbly bound and gilt, went to Leyden to ascertain the ultimate fate of this volume and learned that it had been purchased by a German count for ten thousand ducats who found in it, however, nothing but blank paper, with the exception of a single leaf, on which was written, "Keep your head clear, your feet warm, your bowels open, and away from the physicians."

The question of sudden death after thoracentesis has been attracting as much attention on this side of the Atlantic as it appears to be doing on yours. Dr. Tenneson has recently reported a case in which death occurred, which he ascribes to syncope. On the autopsy the lungs were found emphysematous.

The medical societies have been exceedingly active, at the Société de Chirurgie. Dr. Gillette reported three cases of nerve stretching in locomotor ataxia. In the first case there resulted during five weeks subsequent to the operation, complete disappearance of the pains of the disease, and some improvement in co-ordination of the lower extremities. In the second case the fulgurant pains completely disappeared and there was sensible amelioration in locomotion. In the third case similar results were obtained. He related, in conclusion, some experiments he had made, together with Debove, on the amount of force necessary to break the nerve, and found that at least seventy-five kilogrammes were necessary. The value of nerve-stretching generally, was somewhat disputed by Dr. Nicaise, who claims that when practiced in certain cases of neuralgia, it has been followed by paralysis. Dr. Duplay reported at the same society a case where swelling of the abdomen, due to retention of urine, had been mistaken by a physician for pregnancy.

Ferreol, in a paper read before one of the country medical societies, recommends the employment of ammonia-sulphate of copper in old and obstinate neuralgias. He has found the following formula very useful in those diseases :

R

Ammonia-sulphate of copper, grs. iiss

Syr. menth pip..... $\bar{z}$ iAqua destil..... $\bar{z}$ iii $\bar{z}$ ii

M. S. $\bar{z}$ i t.i.d. after eating. It should be given for at least twelve days, despite its metallic flavor. Dr. Hobran recently reported to the Société Médicale de Reims,

a case in which parotiditis came on, subsequent to pregnancy, on two occasions. It is well known, according to Dr. Habran, that a metastatic fluxion occurs in the ovaries during mumps, but it has rarely happened that a uterine fluxion is reproduced in the parotids. At the Société Médicale des Hopitaux, Dr. C. Paul discussed the consequences of piercing the ear in the scrofulous, which operation he had found to be followed by eczema.

Dr. Landrieux reported a case of variola in an Esquimaux. At the autopsy the liver was found to be enormous, as also were the mesenteric glands. The patient had not been vaccinated nor was he an alcoholicist.

Dr. Desnos reported at the Anatomical Society a case of persistence of the foramen of Botal in a man who had enjoyed good health during sixty-two years.

Dr. St. Germain reported before a local medical society good results from interstitial injections into arterial erectile tumours of children, with Pravaz syringe. The injections were made one by one at eight days' interval, and each time the caustic injection produced a slight scar, the operation being only terminated when the tumor was transformed into a scar. There was but a single drop of the following liquid injected:

℞ Ferri perchlor.....̄vi
Sodium chlorid.....̄iv
Aqua destill.....̄ii

℥ Dr. Huchard also reported good results from the treatment of anorexia in subjects whose appetites required stimulation with

℞ Aqua menth pip. destill.....̄viii
Tr. gentian.....
Tr. aurant cort.....av ̄iii
Tr. cardam comp.....̄i
M. S. ̄ss ten minutes before eating.

Dr. Arneingoud reported the following observations on the use of subcutaneous injections of pilocarpine in foetid perspiration of the feet. He had made four experiments and come to the following conclusions: Hypodermic injections of pilocarpine have a curative effect on foetid perspiration of the feet. This action produces no inconvenient effects on the organism and the alkaloid cannot be replaced by jaborandi.

Koeberlé has recently resected the rectum in four cases of rectal cancer, resulting

in recovery without relapse, and in another case where the intestine was strangulated he resected two yards of the intestines and united the edges of intestine left with a ligature. The operation was followed by recovery in a month. Such is a brief resumé of medical progress in Paris since my last. G.

TREATMENT OF DIPHTHERIA BY TARTARIC ACID.—Vidal (La France Médicalé) in a recent communication, recommends the use of tartaric acid in diphtheria, claiming that as the false membrane in diphtheria has a great tendency to propagation by a species of auto-inoculation, the tartaric acid acting on the false membrane, changes it into a gelatinous mass and thus favors its expulsion. The formula he uses is acid tartaric ̄iiiiss, glycerine ̄ivss, aqua menth pip destill. ̄ss ̄iiiss. Applications of this should be made every three hours, followed soon after by the use of lemon juice.

IMPROVEMENT OF THE SENSE OF COLOR BY TUITION.—Dr. H. M. Bannister (Journal of Nervous and Mental Disease, Jan.) examines this question critically and decides that in a certain proportion of cases color-blindness is capable of being much improved by tuition.

THORACIC ANEURISM.—Dr. Drummond, (in the Dublin Journal of Medical Science, November, 1880,) of Newcastle-on-Tyne, describes a new physical sign in thoracic aneurism. If the patient inspires deeply, and then, with closed mouth, expires slowly through the nostrils, a puffing sound is heard by the stethoscope over the trachea, which is synchronous with the cardiac systole. The sound is supposed to be caused by the sudden systolic expansion of the sac expelling air from the lungs. Dr. Drummond has shown it to be absent in cases of aortic valvular disease, and present in every case of aneurism observed since its discovery. The number of cases observed is four. He also thinks the sign will prove of use in the diagnosis between aneurism and sarcoma of the lung.

REVIEWS.

THE PATHOLOGICAL PHYSIOLOGY OF SYPHILIS. By Fessenden N. Otis, M. D., Clinical Professor of Genito-Unary Diseases in the College of Physicians and Surgeons, New York. Surgeon to Charity Hospital New York, to St. Elizabeth's Hospital and the Colored Orphan Asylum of the same city, etc. Putnam & Co., New York, 1881; Jansen, McClurg & Co., Chicago.

The work before us is the most philosophical that has as yet appeared on the subject of syphilis, in the United States. It consists of three parts, an "Introduction," "Eight Lectures" and six classroom lectures "on Syphilis." The introduction, and this demerit also detracts from the value of the work proper, gives, with a considerable egotistic tinge, a clear, concise history of the controversy which divides the syphilographers into two parties. The first lecture deals with the "History and Nature of Syphilis," and in it the author takes a decided dogmatic position, without giving very strong reasons for this, that syphilis is of ancient origin; the same lecture is a clear exposé of the progress of syphilis as viewed from the author's standpoint. Lecture second deals with the "Initiatory Period of Syphilis," and in it the author takes the ground that syphilis is a local disease during its initiatory period; a position apparently justified by the evidence thus far presented. The average duration of the initiatory period is forty days, according to Dr. Otis. In lecture third the author considers the period of general infection and subsequent localized cell accumulation, and endorses the position of Ricord, that "the syphilitic roseola is never preceded by or associated with any fever, pain or other prodromata that cannot be readily and reasonably accounted for by causes entirely independent of the approach or presence of the roseola." This sentence is decidedly mixed, since, for prodromata to be associated with anything destroys their prodromic relations to that thing. He claims that "within a few days of (sometimes before, sometimes after,) the appearance of the roseola there is a characteristic general gland hyperplasia taking place; that in connection with this enlargement a marked proportional increase of the leucocytes over the red corpuscles has been observed." We have here a condition

which admits of explanation through known physiological processes, fully competent to cause all the nutritive, nervous and vascular disturbances which have been collected under the title of syphilitic fever or the prodromata of syphilitic roseola. He claims also that the syphilitic roseola is like the simple roseola, probably the result of an impression on the sympathetic nervous system "a paresis of the vasomotor nerves of the cutaneous envelope, caused by a special but limited paralyzing influence exerted upon the great sympathetic nerve through positively recognized blood changes immediately preceding, accompanying or following an initiation of the so-called secondary or active period of syphilis." This period, which forms the subject of the third lecture, is called by Dr. Otis the "period of general infection and subsequent localized cell accumulation." He says nothing in this lecture of the psychic manifestations of this period described by Wille, Leubuscher, Cadell and Kiernan, although dealing with the other symptoms occurring in it. The fifth and sixth lectures are devoted to the "period of lymphatic obstruction," and in them the author describes the majority of changes induced in the various tissues of the body by tertiary syphilis, omitting all reference however to certain cortical changes, first described by Spitzka as associated with psychical symptoms, resembling those of progressive paresis. Lectures seven and eight are a good discussion of the treatment of syphilis, more especially in its relations to the theories of the pathological physiology of the disease already carefully enunciated by Dr. Otis. The classroom lessons are principally repetitions of the lectures and the author gives the following rather curious reference to them in the "Introduction:" "It seemed (to me) desirable to include them in the present work with the intention of, at some future time, adding lessons on the latter periods of syphilis and on chancroid." In conclusion, it may be said, the chief blemishes of the book, are its, at times, dogmatic egotism and obscure style. It is, however, as a rule, a clear and philosophical presentation of the views of the author. The publishers have issued it in pretty good form.

TREATISE ON THERAPEUTICS. By A. Trouseau, M. D., and H. Pidoux, M. D. Translated by D. F. Lincoln, M. D. In

three volumes. Wood's library of standard medical authors. William Wood & Co., New York, 1880.

The first thing that strikes the reader about these volumes is the lack of an introduction explanatory of the system of classification. The work begins abruptly in the first chapter with the consideration of what the authors style reconstituents, which correspond apparently, to what most authors call tonics, and Headland styles restoratives. The first portion of the chapter deals directly with the question of the relations of iron to anaemia and chlorosis alone, or in combination. There are, with much discussion on the rationale of the subject, many practical hints as to the administration of iron to be found in this chapter. The first chapter concludes by a discussion of tonic treatment in general. The divisions of tonics adopted by the authors are as follows: "First, astringent tonics which give to the solids directly the tone, orgasm, vital density, needful for the performance of their functions. The second class are the analeptic tonics, characterized by restoring immediately to the blood the organizable and reparative principles which are lacking. The third class are the neurosthenic tonics, characterized by conferring vital resistance on the animal system and restoring its synergies." The second chapter takes up the consideration of the "Astringents." The third chapter deals with the "Alteratives." The fourth chapter discusses the "Irritants," closing the first volume. The fifth chapter, the opening one of the second volume, discusses "Antiphlogistic treatment," giving this much abused portion of therapeutics its true value. The sixth chapter deals with the "Evacuants," which are divided into: I. Emetics; II. Cathartics; the chapter being concluded with a discussion of "Evacuant treatment in general." Chapter seventh takes up the excito-motors. The eighth chapter is devoted to the "Narcotics," and concludes with a discussion of "Narcotic treatment in general," finishing volume two. Volume three opens with a discussion of "Anæsthetics," followed in its second chapter, the tenth of the work, by a consideration of the antispasmodics, concluding by a discussion of "Antispasmodic treatment in general." The eleventh chapter pursues the discussion of the neurosthenic tonics. Chapter twelfth discusses the excitants, among which are placed anise, balm, hoarhound, sage and chamomile;

agents not usually regarded as having much therapeutic power alongside of such potent remedies as coffee, alcohol, phosphorus, oxygen, compressed air and nitrite of amyl. This chapter also discusses the sudorifics, of which class only one example is given jaborandi, diuretics, and concludes by a discussion of "Excitant treatment in general." The thirteenth chapter deals with the "Sedatives" and contrastimulants. The fourteenth takes up the subject of anthelmintics, and concludes the work. While the work cannot be said to be fully up to the times as regards pharmacology, it still contains much that is of great value. The translation is well done, although an occasional gallicanism has crept in here and there. The book is a fair specimen of Wood's library. No criticism other than this is needed as to its typographical and bibliographical character.

ON THE USE OF THE COLD PACK, FOLLOWED BY MASSAGE IN THE TREATMENT OF ANÆMIA. By Mary Putnam Jacobi, M. D. G. P. Putnam's Sons, New York, 1880. Jansen, McClurg & Co., Chicago.

This book has already appeared in article form in the Archives of Medicine. It is a careful and painstaking investigation into the subject of which it treats, which is likely to prove of value in furnishing therapeutic indications for the use of the cold pack and massage. It is issued in good style by the publishers.

MEDICAL HERESIES HISTORICALLY CONSIDERED. A series of critical essays on the Origin and Evolution of Sectarian Medicine. By Gonzalvo C. Smythe, A. M., M. D. Philadelphia: Presley Blakiston. 1880.

These essays belong to the domain of history of medicine; a topic almost wholly ignored in this country. They do not constitute a text-book, but are a series of chapters on interesting epochs in medicine, and on the rise and history of sects. The work has not the appearance of formidable science protected by an array of original quotations. It cannot claim to be recognized by the accurate historian. But to the practitioner desirous of information on such topics, the work will prove both entertaining and instructive. It contains a very full account of the principles of homœopathy. Without any attempt at un-

just ridicule, the author simply presents these so-called doctrines to the impartial reader, who cannot fail to reduce them to their proper standard.

HOW A PERSON THREATENED OR AFFLICTED WITH BRIGHT'S DISEASE OUGHT TO LIVE. By Joseph F. Edwards, M. D., Lansdowne, Delaware Co., Pa. Presley Blakiston, Philadelphia, 1881. Jansen, McClurg & Co., Chicago. 75 cents.

This little book is one of those numerous medical works which physicians rather damage themselves by writing. The book is useless to the physician and is written in a little too stilted a style to be of advantage to the patient independently of the tendency such books have to make patients underrate the value of medical advice until too late to be of use. The publisher has issued it in good style.

HAND-BOOK FOR CORONERS: Containing a Digest of all the laws in the Thirty-eight States of the Union, together with a Historical Résumé, from the earliest period to the present time. A Guide to the Physician in Post-Mortem Examinations, and valuable miscellaneous matter never before collected. By John G. Lee, M. D. William Brotherhead, 129 S. 13th st., Philadelphia, 1881.

This book contains simply the laws of various states, a few directions about post-mortems and a few somewhat vulgar anecdotes. As a guide to the ignorant politician usually elected coroner, or as giving an idea of the laws respecting coroners in the various states, it may prove of value, but in other respects there is no reason for its appearance. It is printed on poor paper in bad type.

DETACHMENT OF THE RETINA IN ALBUMINURIC RETINITIS.—Drs. Davidson and Fitzgerald have reported cases before the British Ophthalmological Society where patients presented the usual appearance of renal retinitis, the retinae subsequently becoming detached.

JOURNAL OF NERVOUS AND MENTAL DISEASES.—This journal is now published in New York and has recently undergone much change in appearance, which improves it greatly from a bibliographical standpoint.

THE ARMY.

OFFICIAL List of Changes of Stations and Duties of Officers of the Medical Department, U. S. Army, from Feb. 13, 1881, to Feb. 28, 1881.

Bailey, E. I., Lieut.-Col. and Surgeon. The leave of absence granted him Dec. 30, 1880, from A.G. O., extended one month. S. O. 35, A.G.O., Feb. 11, 1881.

Gibson, J. R., Maj. and Surgeon, to accompany Battery A (Light) and Battery D, 2 Artillery, from Ft. McHenry, Md, to the U. S. Barracks, Washington, D. C., for temporary duty thereat. S.O. 26, Dept. of the East. Feb. 11, 1881.

Meacham, Frank, Capt. and Asst.-Surgeon. As soon as able to travel, to report in person at Dept.-Headquarters for assignment to a station. S.O. 32, Dept. of the East. Feb. 19, 1881.

Elbery, F. W., Capt and Asst.-Surgeon. Relieved from duty at Ft. Bayard, N.M. and assigned to duty at Ft. Union, N. M., relieving Asst.-Surgeon Kane. S.O. 31, Dept. of the Missouri. Feb. 12, 1881.

Byrne, C. B., Capt. and Asst.-Surgeon. To accompany Battery C, 2 Artillery, from Ft. Johnston, N. C.—abandoned—to Washington, D. C., and then proceed to Ft. Barrancas, Fla., and report to the C.O. of that post for duty. S.O. 11, Dept. of the South. Feb. 11, 1881.

Hoff, J. V. R., Capt. and Asst.-Surgeon. To accompany the four batteries of Artillery from Ft. Monroe, Va., as medical officer to Washington, D.C. S.O. 27, Dept. of the East. Feb. 11, 1881.

Finley, J. A., Capt. and Asst.-Surgeon. To accompany the Battalion 3d Artillery, from New York Harbor, as medical officer to the U. S. Barracks, Washington, D.C. S.O. 27. Dept. of the East. Feb. 11, 1881.

Gardiner, J. deB, W., Capt. and Asst.-Surgeon. Granted leave of absence for one month, to take effect when relieved by a medical officer, with permission to apply for an extension of five months. S.O. 16, Dept. of Arizona. Feb. 8, 1881.

Kane, J. J., 1st Lieut. and Asst.-Surgeon. When relieved by Asst.-Surgeon Elbery, to proceed to, and report for duty at Ft. Bayard, N. M. S. O. 31, C.S., Dept. of Missouri.

BOOKS AND PAMPHLETS.

Some points in regard to color blindness, H. M. Bannister, M. D. Reprint from Journal, Nervous and Mental Disease, Jan. 1881.

Announcement of the Philadelphia School of Anatomy, 1881.

Transactions of Illinois State Medical Society for 1880.

Report of the Illinois State Board of Health for 1880.

Report of the Surgeon-General of the Navy for 1879.

A Bill for an act to regulate the practice of Pharmacy in the State of Illinois.

Cardiac Trophic Disease. R. Park, M. D., Demonstrator of Anatomy, Chicago Medical College. Reprinted from the Southern Clinic.

Aphorisms on Fractures. By R. O. Cowling, M.D. Republished from the Louisville Medical News.

Prospectus of Hamlin University, 1880-81
Bodines by Thad. S. Up De Graff, M. D.
Cories of the Superior Maxilla. By Truman W.
Brophy, M. D. Reprinted from the Chicago
Medical Journal and Examiner.
John V. Shoemaker, A. M., M. D., Philadelphia.
Pa. The Treatment of Scrofulous Diseases of
the Skin.
Some New Remedies in the Local Treatment
of Skin Diseases. Extracted from the Transac-
tions of the Medical Society of the State of
Pennsylvania. Vol. XIII, 1880.
Samuel R. Percy, M.D., 47 W. 38th St., New
York, N. Y. What is the Comparative Physio-
logical and Therapeutic Action of Free Phos-
phorus and the Hypophosphites. An Essay
to which the Merrit H. Cash Prize was awarded

qy the New York State Medical Society, 1876.
Extracted from the Transactions of the New
York State Medical Society.
L. C. D'H. Valuable Medical Prescriptions; or
Get Well and Keep So. Containing tried pre-
scriptions (as used by a prominent physician
during an extensive practice) for all ordinary
diseases; also embracing hints and suggestions
on health. New York: Frank Harrison &
Co., 1880.
Henry H. Smith, M.D., Philadelphia, Pa. The
Injurious Effects of the Constant Use of Baby-
Carriages and Bicycles on the Physical Devel-
opment of the Young. Read before the Phil-
adelphia County Medical Society, November
10, 1880. Reprinted from the Philadelphia
Medical Times, January 15, 1881.

REPORT OF MORTALITY FROM JAN. 22, 1881, TO FEB. 8, 1881.

CITIES IN THE UNITED STATES OF OVER 30,000 INHABITANTS.	STA- TE.	POPULATION.	TOTAL DEATHS.	DEATHS UNDER 5 YEARS.	ANNUAL DEATH RATE PER 1,000.	DEATHS FROM						
						CONSUMP- TION.	ACUTE LUNG DISEASES.	ZYMOTIC DIS- EASES.	DIPHTHERIA AND CROUP.	SCARLET FEVER	SMALL-POX.	
Alleghany.....	Pa.	78,000	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Atlanta.....	Ga.	38,000	60	20	20.55	10	18	4	2	1	0	
Baltimore.....	Md.	332,190	789	208	26.4	115	120	10	20	3	0	
Boston.....	Mass.	375,000	759	301	26.4	137	123	184	125	3	1	
Brooklyn.....	N. Y.	566,689	1,169	490	27.	159	193	320	224	37	1	
Buffalo.....	N. Y.	155,159	182	49	15.25	16	18	41	23	8	0	
Cambridge.....	Mass.	52,800	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Camden.....	N. J.	41,714	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Charleston.....	S. C.	57,000	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Chicago.....	Ill.	503,298	908	412	17.20	116	144	64	140	83	30	
Cincinnati.....	O.	280,000	434	129	20.02	76	85	53	11	8	0	
Cleveland.....	O.	175,000	224	60	16.75	20	31	57	33	6	2	
Dayton.....	O.	39,000	.....	.....	.....	.....	.....	.....	.....	.....	.....	
District of Columbia.....		180,000	313	104	22.62	83	51	52	27	6	0	
Evansville.....	Ind.	30,000	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Fall River.....	Mass.	48,626	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Hudson County.....	N. J.	187,950	326	112	21.5	33	54	66	33	6	1	
Indianapolis.....	Ind.	75,350	87	28	14.82	12	13	15	4	1	.....	
Lawrence.....	Mass.	39,000	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Louisville.....	Ky.	175,000	313	103	22.00	50	49	31	25	8	0	
Lowell.....	Mass.	59,485	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Lynn.....	Mass.	38,284	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Memphis.....	Tenn.	34,000	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Milwaukee.....	Wis.	115,761	197	113	22.17	9	22	57	24	21	1	
Mobile.....	Ala.	31,295	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Nashville.....	Tenn.	43,543	.....	.....	.....	.....	.....	.....	.....	.....	1	
New Haven.....	Conn.	62,882	92	24	18.97	15	6	18	8	1	.....	
New Orleans.....	La.	216,359	441	109	25.72	80	33	75	26	12	.....	
New York.....	N. Y.	1,206,507	2,801	934	23.00	366	285	472	175	194	19	
Newark.....	N. J.	138,000	216	95	20.67	32	36	41	30	2	4	
Omaha.....	Neb.	31,000	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Peoria.....	Ill.	34,850	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Philadelphia.....	Pa.	846,980	1,541	466	19.5	345	1317	245	524	194	134	
Pittsburgh.....	Pa.	156,649	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Portland.....	Me.	34,000	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Providence.....	R. I.	104,852	155	36	19.3	32	21	26	8	7	.....	
Richmond.....	Va.	65,000	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Rochester.....	N. Y.	90,000	.....	.....	.....	.....	.....	.....	.....	.....	.....	
St. Louis.....	Mo.	350,522	.....	.....	.....	.....	.....	.....	.....	.....	.....	
San Francisco.....	Cal.	233,700	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Springfield.....	Mass.	33,000	41	9	16.27	8	10	5	5	.....	.....	
Utica.....	N. Y.	33,923	34	8	12.8	1	7	1	.....	.....	.....	
Wilmington.....	Del.	44,000	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Worcester.....	Mass.	58,295	84	31	18.45	9	9	20	2	13	.....	

Chicago Medical Review

PUBLISHED ON THE FIFTH AND TWENTIETH OF THE MONTH.

E. C. DUDLEY, EDITOR.

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BELLEVUE HOSPITAL MEDICAL COLLEGE.

The evils incident to our system of medical education, by reason of their grave character, are continually forcing themselves upon the representative medical associations. The organized agitation of this question has been for the most part in the hands of representative medical professors who have entertained the question only because it had been forced upon them by its own merits, and whose objects in entering upon this controversy it appears must have been rather to control than to advance improvements. But the movement becoming too strong to be confined within these narrow limits caused such consternation among the stockholding professors of certain large institutions that they withdrew from the American Medical College Association, convinced that the proposed reforms would not pay. Bellevue, however, although one of the most notorious practisers of the old, mischievous system, suddenly seemed to demonstrate that "the vilest sinner may return," by proclaiming its resolution for rigid preliminary examinations and three courses of lectures as the pre-requisite for graduation. Convinced that this attempt was not purely mercenary, and not merely in grasping anticipation that public sentiment would soon compel a general advance of the standard, and convinced that Bellevue was prepared

to make all necessary sacrifice incident to such a change, the medical press gave it a very generous support. Now the whole movement has perished in its inception, and the college has returned to its former commercial system, with a maudlin complaint that it was not supported by the profession. It is proper therefore, to remark that this lack of support only proves that the profession correctly estimated the seeming conversion of Bellevue. It is possible that the college anticipated that illiterate students would be immediately replaced by educated gentlemen?

Bellevue, in its foresight and its honesty, alike, is self-condemned. The college will necessarily command the contemptuous pity of its lukewarm friends and hoots of its rivals. It will, however congratulate itself upon getting what it wants; it wants numbers.

MEDICAL EDUCATION. — Everywhere from the county medical society to the American Medical Association, all are busily engaged in framing panaceas for the evils generally believed to exist in this respect. One party demands a graded course of three or more years, another a preliminary education, and still another points to the European systems of education and their results. On the one hand one party

claims that the most of the colleges are joint stock concerns and, like all stock concerns, desirous of dividends. To relieve this supposed state of things it is proposed that the alumni should become the governing body. All sorts of conclusions are drawn from these various premises. The first is that the European models should be followed. But to follow the model of the best representative European Universities would be impracticable, if not impossible, under our peculiar form of government. The graded course seems very feasible, and would, if honestly followed, doubtless go far toward remedying the evils. The alumni system of treating the joint stock evil has been tried and its most conspicuous failure is the largest graduating establishment in New York. Preliminary education would certainly be one of the most potent means of improvement. But above all of these popular methods of improvement is one upon which the final and efficient solution of the problem must ultimately depend. The college should in no sense be endowed with the licensing authority, for by this method each professor is necessarily called upon not only to pronounce on the excellence of his own teaching but also to do what is almost impossible, act without prejudice in the case of those to whom he has held the peculiar relation of teacher and pupil. This licensing power should be committed to a state board thoroughly independent of the colleges. This will ultimately be the means of solving the problem and an attempt to accomplish this would do more for the real interests of the profession than all the feeble bombastic resolutions of the county medical societies, the state associations, or other bodies.

THE CODE OF ETHICS AND THE LAITY.—Perhaps the most amusing instance of self-assumption on the part of the profession are the resolutions which so grandiloquently prescribe the relations of the patient to the physician. These resolutions seem to imply that the world is under full dominion

of the physician, and that the code promulgated by him is sure to be obeyed by his patients. The following portion of the code is such a patent truism that its repetition is absolutely useless, more especially since its enunciation is powerless for good or evil: "A patient should, after his recovery, entertain a just and endearing sense of the value of the services rendered him by his physician, for these are of such a character that no pecuniary acknowledgment can repay or cancel them." Assuming that this is not a truism, it sounds like a plank in a political platform full of glittering generalities, and such trash as this contained under the heading of "duties of the patient to his physician," is unworthy of a profession that claims to be learned, more especially in an age, that is supposed to be as practical as the present. The portion of the code most in need of reform is this very section, and as it seriously reflects upon the intelligence of the profession the sooner it is abrogated the better hope there is for the improvement of the rest. How these resolutions were ever adopted by a body of dignified men is not easily explainable, except on the post-prandial theory, which serves as an excuse for so many absurd resolutions.

CALCULUS OF THE KIDNEY.—At a recent meeting (Bulletin de Therapeutique, February 28, 1881,) of the French Academy of Medicine, Dr. Le Dentu read an account of two cases of extraction of renal calculi. The first case occurred in a patient who had entered the hospital for variola, which was followed by suppuration, resulting in an abscess in the lumbar region; this, on being opened, was found to communicate with the kidney and to contain a calculus weighing an ounce. The extraction was attended with much difficulty, but the patient ultimately recovered. In the second case the abscess was preceded by nephritic colic. The patient was fifty years of age and presented these symptoms for several years; a linear incision was made in

the lumbar region, the finger introduced and a calculus removed in pieces. Hæmaturia resulted but soon disappeared, and six weeks thereafter the wound had completely closed and the patient entirely recovered.

TRANSFORMATION OF SUGAR INTO STARCH.—D'Arsonval has recently (*Gazette des Hopitaux*, Jan. 22, 1881,) shown that the transformation of sugar into starch may be accomplished by physical processes, although these always require the use of a membrane like the skin of a fruit.

GONORRHOEA.—Dr. Küchenmeister claims (*Deutsche medicinische Wochenschrift*, No. 23, 1880,) to be able to abort gonorrhoea within two days by the use of hourly injections of, lime water one part, water six parts, followed by an injection of a solution of alum (one to fifteen). To this he sometimes adds solution of salicylic acid.

REGENERATION OF THE EYE IN THE AQUATIC SALAMANDER.—Philippeaux has been testing the truth of the belief generally entertained that the eye of the salamander is reproduced after it has been destroyed. He noticed that the humors of the eye are reproduced when the contents of the globe are evacuated, leaving the rest in place, but he has found that complete reproduction does not occur when the entire globe has been removed.

SYMPTOMS OF INTRA CRANIAL TUMOR.—Dr. Bramwell (*Edinburgh Medical Journal*, Feb. 8th, 1881,) has recently given the following symptoms of cranial tumor. Optic neuritis and optic atrophy, vomiting, headache, giddiness, motor disturbances, sensory disturbances, psychical disturbances, phosphoria and a voracious appetite. There are none of these symptoms pathognomonic, many of them being found in other affections; perhaps the most common and early is the voracious appetite, but the majority of symptoms depend rather on the region than the character of the disturbing influence.

MEDICAL CLIQUES, the common existence of which will not be denied by any, unless the denial come from the cliques themselves, although sometimes audacious and successful, are yet less so than one which existed in New York fifty years ago. This was an oath-bound secret society entitled "Kappa Lambda," which comprised a few of the leading physicians of New York, and for a time held almost a monopoly of the college professorships and hospital appointments. Like the generality of cliques it placed in positions men unfitted for them. The monopoly, therefore, became unindurable, and upon an investigation by the profession was broken up.

KAVA KAVA IN GONORRHOEA.—Dr. French has recently prescribed this remedy with great success in gonorrhoea in conjunction with other remedies as follows: *R.* Ex fl eucalyptus 3ij, ex fl kava kava 3vss, acid benzoici 3ss, pulv. acid boracic 3iij. *M. S.* 3j ter in die. Kava kava has recently been shown by Dupuy to be a sialogogue, bitter tonic, mild excitant of the nervous system, diuretic, and blenostatic. It is, however, probable all the supposed virtues of this plant depend on the oleo-resin which directly affects the mucous membrane like other oleo-resins.

BLOODLESS AMPUTATION OF THE BREAST.—Stoakovenkof (Med. Obozr Physician and Surgeon,) has practiced bloodless ablation of the breast by means of an apparatus of his own, a compressor consisting of two nearly parallel slightly curved metal rods of the thickness of a pencil, one of which is movable upon its fellow by means of a screw. One rod is placed above the other below the breast and approximated, the compression thus produced being sufficient to prevent the flow of blood. He has used this in twenty-two successful operations.

ELECTRICITY IN VOMITING has been found very successful by Dr. Lever, by means of an œsophageal sound. Four or five trials were necessary.

ENTERECTOMY OR ENTERORRHAPHY.—At the recent meeting of the Paris Surgical Society (*Gazette des Hôpitaux*, Feb. 2,) there was an interesting discussion on this subject, excited by a report from St. Perier of a case where he had resected about eight inches of gangrenous intestine in a case of strangulated hernia, reduced en masse. The patient was fifty-two years of age, a cook, and the hernia was an inguinal one, usually easily reduced. The patient after a difficult reduction was seized with vomiting and symptoms of peritonitis. The phenomena of strangulation decided Dr. Perier to practice laparotomy in the median line. The operation was performed in the evening, with all antiseptic precautions. Arrived at the part effected he excised all the affected part, performing subsequently enterorrhaphy. The patient died thirty-two hours after the operation. Post mortem examination showed that the sutures had held well, that reunion had already begun and that the intestine offered no opposition to the passage of faecal matter.

Dr. Trelat said he had performed intestinal suture three times after resection of the intestine. Gely's suture, made by means of a thread furnished with two needles, acts very well from the standpoint of bringing the two surfaces together, but if the thread be not drawn enough the operator fails to obtain sufficient approximation; on the other hand if the thread be drawn too much, stricture of the intestine results. For these reasons Trelat preferred the suture with separated points. Kocher, of Berne, who in one case resected seventeen inches of intestine, observed that there was often a stricture of the lower end; to avoid this complication the end was dilated with a special speculum; often in approaching the two ends a species of mesenteric puckering resulted which might be a point of departure for future trouble. This should also be restricted. Dr. Dèfries had examined the resected part, but did not think it affected with gangrene, although extensive inflammation existed. Several times in place of

resecting had he reduced strangulated hernia, and the results were often good. Another theory of interest in this connection was that after hernias reduced or operated on, patients often continued to present symptoms of strangulation, which were often due to temporary intestinal paresis. Dr. Le Fort held that to restore to the abdomen diseased intestine was strictly contra indicated. Dr. Beyer had recourse, in cases of these kinds, to Lenberg's suture (with separated points) with the result of obtaining a marked stricture at the inferior portion of the reunited intestine. He had taken in the suture the whole of the intestinal parasites although Lenberg recommends only that the muscular and serous coat be taken, the mucous to be left alone, still he believed the stricture was principally due to Lenberg's suture. Dr. Marc See gave, like Dr. Trelat, the preference to Lenberg's suture, over that of Gely, but when he used the first he multiplied the suture points. There was another precaution to take, the upper part of the intestine was congested, wherefore Kocher recommended that more or less of this be excised, and then it should be emptied by mild pressure and its dilatation diminished by astringent injections. Dr. Verneuil claimed that Dr. Perier had himself made the best criticism on this operation; he had allowed a spachelated sac to remain in contact with the intestinal walls, serosities being rich in bacteria. He wished to know if in these cases operating for artificial anus was not indicated. He believed that in such cases as this the artificial anus was indicated rather than enterorrhaphy, it having hitherto given good results. Dr. Perier said that if he had to do this operation again he would use the interrupted suture. He had on this occasion taken the precaution to include in the suture only the serous and muscular tunics. As to the advantages of artificial anus that was a question to be settled. Dr. Desfres, in examining the alleged gangrenous portion had not incised it had he done so he would not have doubted the existence of gangrene.

EXCISION OF PART OF THE STOMACH. Billroth has recently (*Wiener medicinische Wochenschrift*, February 5, 1880,) reported the following case: A patient, forty-three years of age, was attacked by symptoms of pyloric cancer in October, 1881. A tumor about the size of a moderate sized apple lay on the upper side of the stomach, somewhat to the right. Owing to rapid emaciation operative procedure was determined on and agreed to by the patient. A transverse incision, three and one-fifth inches in length, was made through the walls of the abdomen over the tumor, which was found to be a partly knotty infiltrated cancer, covering the pylorus and a little over a third of the under part of the stomach. Dr. Billroth loosened the adhesions of the omentum, separated carefully the greater and lesser omentum and tied all the blood vessels before cutting them through, the resulting loss of blood being but slight. An incision was then made through the stomach about a little over one-third of an inch beyond the infiltrated part, at first in a backward direction only and afterwards through the duodenum. Through the lips of the wound six sutures were passed, the threads being only used to keep the lips of the wound in apposition, and being left untied. A further oblique incision was then made into the stomach from within and above in an outward and downward direction, keeping always a little over one-third of an inch from the infiltrated part of the wall of the stomach and then closed this oblique wound from below upwards, until an aperture was left just of sufficient size to fix the opening of the duodenum. The separation of the tumor from the duodenum was made by incision parallel to that of the stomach always at the same distance from the infiltrated part. The duodenum was then introduced into the opening of the stomach, which had been left. There were about fifty sutures made with carbolized silk. The wound was washed with dilute carbohc acid; the whole replaced in the abdomen and the abdominal wound closed

and bandaged. There was no pain or vomiting subsequent to the operation, which lasted an hour and a half. Ice only was given by the mouth during the next twenty-four hours, with nutritive enemata. The patient slept well after a small dose of morphia. The excised portion was about five and a half inches in length along the greater curve of the stomach. The seventh day after the operation the wounds were doing well, the general condition of the patient was good, she being able to take broth, eggs, and coffee without distress. The case is the second on record, Pean of Paris, having performed a similar operation.

STRETCHING OF THE SCIATIC NERVE.—Brown-Sequard (*Gazette des Hôpitaux*) has performed this, on healthy animals and on those in whom a lateral hemisection of the cord had been made. In the latter, the anæsthesia of the side opposite to the hemisection of the cord disappeared after elongation of the sciatic nerve. In a certain number the anæsthesia has been even replaced by hyperæsthesia. Voluntary motion was sensibly affected in the member whose sciatic nerve had been subjected to elongation; in certain cases there was even an almost complete paralysis. In animals whose spinal cord had not been operated on, Brown-Sequard found that stretching of the sciatic nerve also produced hyperæsthesia, but in a lesser degree than in the animals whose spinal cord had been cut, and that in opposition to what occurred in these last, no paralysis resulted. Laborde, after having cut the spinal cord of the peacock, stretched one of the sciatic nerves and found that on pinching the claw of the opposite side epileptoid convulsions resulted. In a healthy animal the stretching of the nerve resulted in a pretty nearly complete loss of sensation on the corresponding side. Motion is preserved in both members. Laborde concludes that nerve-stretching leads to modifications in the structure of the nerve which prevent the sensory impulses from passing, but have no effect on the motor.

TREATMENT OF TYPHOID FEVER COMPLICATIONS IN CHILDREN.—Jules Simon (L'Union Médicale,) proposes to treat the various complications of typhoid fever in children as follows: I. Abdominal complications. These may include diarrhoea and severe griping. Absorbent remedies should be employed freely; palliatives only to a limited extent. A mucilaginous mixture of two and a half drachms of chalk, or one drachm of subnitrate of bismuth in water or sugar may be employed. Enemata of boiled starch, to which four or five drops of laudanum are added, prove at times of value, the amount of opium being increased continuously. Emollient fomentations should be applied to the abdomen: the diarrhoea, however, may not cease for three or four days. II. Thoracic complications are most generally general bronchitis and pulmonary congestion. Emetics are to be avoided. Dry cups to the front and back of the chest should be freely used. Alcohol should be given in doses of from six to eight drachms in a mucilaginous menstruum with perhaps a little cinchona. Vesication in case of great dyspnoea may be used with caution and soon replaced by a bran poultice. III. Cerebral complications are least easily controlled. Chloral may be used in from fifteen to thirty grain doses. If the child is much excited an enema of the yolk of an egg, fifteen grains of chloral, and fifteen grains of camphor should be given. Bromide of potassium should be given in emergency, and only for two or three days in succession. IV. Hæmorrhages. Intestinal hæmorrhages are infrequent in childhood, but obstinate epistaxis more frequently occurs, and the following is said to be of value in its treatment. A piece of agaric cut in small pieces about a third of an inch in diameter, should be placed in the nasal fossæ until the cavity is well filled, when the whole is held in place by a bandage. The agaric requires occasionally to be soaked in solution of perchloride of iron. Belloc's canula should not be used, as it

causes the child to become restless and leads to no better results than the means above given. If intestinal hæmorrhage exist two-drop doses of perchloride of iron should be given every two hours, slightly diluted; but, if this prove insufficient, cold drinks should be given and cold compresses applied to the abdomen. V. Complications from pressure; these are summed up in the term decubitus, and the parts affected should be washed with astringent solutions. Such is the treatment proposed by Simon for the complications of typhoid fever. One thing is very striking, the boldness with which chloral is prescribed in comparison with the caution exhibited respecting bromide of potassium.

THE MODE OF SUDDEN DEATH FROM GANGRENE is discussed by J. Parise on the basis of two cases observed (Arch. gén. de Med., 1880, 10). While the new facts produced are certainly very striking, it seems hazardous to lay down such sweeping indications on so limited an experience. However, his conclusions are as follows: I. Certain forms of gangrene of the limbs, or even of the trunk, can cause sudden death. II. This death is due to the formation of putrid gases in the gangrenous veins, which gases are carried along the veins to the heart. III. Death is produced by the mere presence of the gases and not by their poisonous properties. The bubbles stop the circulation in the same way as air bubbles injected into the veins. IV. This accident is to be feared, especially in deep seated moist gangrene, on account of the rapid progress. V. Hence such cases require early amputations. VI. In such instances where the amputation must be postponed deep incisions should be made and the main veins should be ligated or compressed. Subsequently the amputation must be made above the place of ligature.

PORK AS A CAUSE OF SCARLATINA has been attracting attention in England. The pork is American.

CYANOSIS OF THE LOWER EXTREMITIES IN LEAD POISONING.—Cyanotic conditions of the lower extremities are very common in cases of extreme dementia and melancholia attonita, the cyanotic condition often even extending into gangrene. However, the case reported by Sainton (*La France Médicale*) of cyanosis of the lower extremities from lead poisoning is, perhaps, among the first of the kind. The patient had a tubercular family history and was attacked in the month of October, 1880, by lead colic, from which he recovered, but from this time the backs of his hands and his ears became livid red in patches, and shooting pains were felt in the same regions. These symptoms disappeared without special medical treatment, but some days after both ears become bluish and were the seat of sharp shooting pains. Soon after, the patient having recovered from his colic, left the hospital without calling the attention of any one to these complications. After returning to his trade he continued to suffer from his ears, which remained cold and blue, and soon began to experience similar sensations in the dorsal surface of each foot, which became blue, and lastly almost black, being accompanied at the same time by lancinating pains. There was a temporary remission of these symptoms but they soon returned in all their original vigor. The patient at length decided to enter the hospital. When coming under observation there the hands and feet were nearly normal, but the toes of both sides, from their origin to the ungual phalanx, were blackish-blue in color and intensely cold to the touch. There was considerable pain in the feet, but they might be deeply pricked by a needle without its being felt. The third toe of the left foot was evidently proceeding to gangrene. The feet were wrapped up in wadding, but the gangrene seemed to be inclined to spread. It was then decided to give them a bath of oxygen. Each foot was placed in an hermetically sealed rubber boot communicating with a balloon of oxygen, which was refilled every

six hours. This treatment was continued for several days with marked success. The case presented many points of interest, among which Sainton calls attention to:

I. The cause saturnism having not been hitherto recognized as a cause of these vaso-motor disturbance.

II. The success of the oxygen treatment.

The mental condition of the patient is not stated, but the phenomenon is evidently closely allied to that found in the psychoses already alluded to.

ACTION OF THE BROMIDES IN EPILEPSY.—Dr. A. Hughes Bennet, in the March number of the *Edinburgh Medical Journal*, comes to the following conclusions respecting the use of the bromides in epilepsy.

In 12.1 per cent. of epileptics the attacks were completely arrested during the whole period of treatment by the bromides.

It 83.3 per cent. the attacks were greatly diminished both in number and severity.

In 2.3 per cent. the treatment had no apparent effect.

In 2.3 per cent the number of attacks was augmented during treatment.

The form of the disease, whether it was inherited or not, whether complicated or not, recent or chronic, in the young or in the old, in healthy or diseased persons, appeared in no way to influence treatment, the success being nearly in the same ratio under all these conditions.

In 66.6 per cent. there was no trace of bromide poisoning. In the remaining 33.4 per cent. this was observed in varying degrees, but in no case to any serious extent; namely, physical weakness in 28.5 per cent., mental weakness in 18.8 per cent., and the so-called bromide eruption in 16.6 per cent. There is one element that experimenters with drugs in epilepsy fail to take into account, that is the influence of the patient's mental condition on the results of treatment. Any new treatment in epilepsy will for the time being cause improvement.

LOCAL MEDICINAL TREATMENT OF NASAL MUCOUS POLYPI.—Frederickq (*L'Union Médicale*) claims to have had good results with a saturated solution of bichromate of potash in the treatment of nasal mucous polypi. The liquid is applied by means of a camel's hair pencil only upon the polypus, care being taken to avoid the neighboring parts. The treatment is repeated daily until symptoms of inflammation result, being then suspended, to be resumed when the irritation has subsided. At the end of from three to five days the polypus becomes the seat of an active inflammation which occasionally spreads to some extent in the nose. The latter sometimes swells, at the same time a slightly acrid, aqueous fluid escapes from the nasal fossæ. This inflammation which never lasts more than forty-eight hours ought not to inspire any inquietude, as it is during its duration that absorption is actively going on. When these polypi have been destroyed, be the means of treatment what it may, relapses should be prevented by means of cauterization or the insufflation of astringent powders.

FALSE DYSPEPSIA.—Dr. Germain See recently (*L'Union Médicale*, Feb. 1, 1881,) read a paper on this subject before the French Academy of Medicine, in which he claims that a dyspepsia is only properly so called when it is a chronic permanent impairment of the digestion, but that beside this affection there is a crowd of diseases which present the same apparent phenomena as dyspepsia without producing the general denutrition of the body caused by that disease. Like the dyspeptics they complain of gastric pain during the different phases of digestion, gaseous distention of the stomach, or painful eructations with or without vomiting, and, rarely the nervous symptoms, but the characteristic symptoms of dyspepsia, the abnormal fermentation, is wanting. The morbid conditions designated by See as false dyspepsias are located in three organs, either in the intestines, liver, or even the stomach, and he proposes to

name them gastro-intestinal atony. These affections, which should especially attract the attention of physicians since they very easily led to error by reason of their resemblance to true dyspepsia, though the diagnosis between them and true dyspepsia is easily made. These pseudo-dyspepsias range themselves in five classes: I. Simple intestinal atony with habitual constipation and pronounced tympanitis. II. Atony of hemorrhoidal or mechanical origin. III. Atony, followed by muco-membranous enteritis. IV. Asthenic condition of the intestine due to diminution of the secretion of bile or hepato-intestinal atony. The fifth type is the spasmodic atony of the stomach. The variety of the forms classed under dyspepsia and the improvement under such varied methods of treatment, find some explanation in this classification, and it certainly gives valuable hints as to treatment from an etiological standpoint.

PURULENT CARDITIS FOLLOWING TYPHOID FEVER.—Le Clerc (*La France Médicale*) recently observed a case in which this rare complication of typhoid fever was discovered. A boy, nine years old, came under his charge, Feb. 20, 1880, who had been ill for eight days, having had cephalgia, cervical rachialgia, vertigo and epistaxis. In the evening of the same day the patient was found leaning on his elbows, his tongue red at the tip, dry, and drawn from the median line, and a little trembling. The patient had had much diarrhoea, and went through the usual course of typhoid with no very marked cardiac symptoms dying eight days after admission. On the autopsy, the pericardium contained about five ounces of a purulent liquid.

Louis has seen but seven cases of this complication. Niemeyer, Bouillaud, and Grisotte, do not speak of this affection. Stokes has observed but two cases of this complication. Murchison has noticed the phenomenon but seldom. Jenner found it but once. It is obvious, therefore, that the complication but seldom occurs.

PILOCARPINE IN CUTANEOUS DISEASES.—J. Pret (*Centralblatt für Chirurgie*, No. 2, 1881,) has been experimenting with pilocarpine in chronic dermatoses on a theory of securing a permanent influence on the secretions of the skin. The dose ordinarily given was one-sixth of a grain once or twice daily, the patient being allowed to go about. In case more extended perspiration was desired the remedy was administered in larger doses, the patient being confined to bed.

Prurigo improved markedly under the use of the remedy in a short time, the ichorous discharge diminishing and the disease being removed in from four to eight weeks. The disease at times had a very mild relapse. In psoriasis the remedy exerted no influence, while moist, or acute dry, eczema were injuriously influenced by it. Chronic eczema was much benefited by it. Pruritus vulva and senilis were treated successfully. A case of chronic urticaria in which arsenic and similar remedies had been uselessly tried for several weeks was relieved in eight days. In alopecia areata, four to five months elapsed before the hair appeared. In alopecia pityroides a decidedly favorable result was obtained. These cases certainly seem to show that pilocarpine is of value in the dermatoses; however, many of the cases given have elements of error about them that render further experiment necessary.

MIDWIFERY UNDER LISTERISM.—Dr. J. Lucas Championnière has had (*Nouveau Journal de Médecine*) in his hospital service, taking all obstetrical operations into consideration, as slight a mortality as that of natural labors, which he claims is due to his obedience to the precepts of Listerism. His results are due, he believes, to fully carrying out the following precepts:

First. A lying-in woman has her genitalia washed with a pretty strong solution of carbolic acid, and if her labor is long lasting a compress wet with a feeble solution of carbolic acid should be placed on her vulva.

Secondly No student is allowed to examine a woman unless he has washed his hands in a feeble carbolized solution, after which his fingers must be oiled with a one to ten carbolized oil.

Third. After her lying in the vulva should be washed with a strong solution of carbolic and a thick linen cloth steeped in a feeble solution of carbolic acid and renewed every day; no vaginal injections should be used.

Fourth. In case of assisted labors, where by the use of the hand or instrument germs might be introduced, an abundantly strong carbolized vaginal injection should be made.

In his opinion, this injection, caustic though it be, causes temporary stinging, but has no permanent or dangerous results.

No subsequent injections should be made, but compresses steeped in carbolic acid should be placed upon the vulva.

Such is the simple injection which is given to all females, even though they may flood, and its first effect is the almost complete suppression of foetid lochia. By the use of this treatment convalescence is rapid, and complications are rare.

RENAL VICARIOUS MENSTRUATION.—Dr. Levaseur reports a case of this kind in a little girl eight years old, in good general health, and whose parents were people in good circumstances. She was pretty generally covered with hair on the body and gave evidence of becoming a bearded woman. She was a pseudo-hermaphrodite, that is, her clitoris was largely developed and her vagina was imperforate. The mons veneris was covered with long, abundant black hair. He was called to the case because of a urination of blood which occurred every twenty-five days and lasted from four to five days. It was preceded, followed, and accompanied with a very lively fever, and the urination of blood was preceded by a urination of albumen. The patient succumbed but no autopsy was obtained, without which the the diagnosis of renal vicarious menstruation is rather a bold one.

PARAPLEGIA FOLLOWING URETHRAL IRRITATION.—Dr. Mark See (*L'Union Médicale*,) recently reported to the French Surgical Society a case of this kind occurring in a soldier twenty-three years who had contracted gonorrhœa, which was followed by an obstinate stricture at which a small calculus lodged, causing paraplegia of the lower extremities, which was relieved by extraction of the calculus.

Dr. Le Dentu, at the same meeting, reported two cases, one where a simple urethral stricture following a gonorrhœa caused evident paraplegia with some appearance of atrophy of the muscles of the thigh and disseminated patches of anæsthesia but no lesion of the bladder, which continued to functionate. The patient being cured of his stricture by division the symptoms disappeared and the atrophy of muscles soon improved. In the other case a patient had a calculus extracted from his left kidney, which operation was followed by slight anæsthesia of the left side.

THE PHYSIOLOGY OF GLYCOGEN.—Külz (*Pflugers Archiv*,) has recently made some very painstaking researches into this subject. Among the questions examined was the relation of glycogen to muscular exercise. Glycogen has been previously shown to accumulate in muscles on producing absolute rest in them by section of the motor nerves. On producing the opposite condition by tetanizing muscles their glycogen is reduced. Külz has also investigated the influence of muscular activity upon the amount of glycogen in the liver. Previous researches had led him to believe that its quality was reduced by exercise since the excretion of sugar in diabetes is diminished by muscular exertion. In order to test the matter upon animals, five dogs were well fed for days, until large amounts of glycogen had accumulated in the liver. By persistent running for a number of hours this store of glycogen was completely exhausted, so that the liver contained but mere traces of it after death. Glycogen is

hence one of the substances destroyed in muscular activity. In all probability it liberates the energy of the contracting muscle by its oxidation. It is a significant fact that the storehouse in the liver is drawn upon even before the muscles have wholly used up their own glycogen.

Glycogen has been shown by Külz to act as fuel in supplying the animal heat against the lower temperature of the air. Rabbits which had been liberally fed, and therefore contained large quantities of this substance in their livers, were wholly deprived of it by a prolonged cold bath. The glycogen had evidently been burned completely to supply the necessary heat.

SHAPE OF THE EMPTY FEMALE BLADDER.—Dr. D. Berry Hart (*Edinburgh Medical Journal*,) comes to the following conclusions about the shape of the empty female bladder.

I. The empty bladder in the foetus has always its anterior and posterior wall in contact.

II. In the adult female the same shape is the normal one for the contracted bladder, but is rarely found.

III. The Y shape can, in certain cases, be traced to a dragging back of the uterus by inflammatory cicatrization, or is due to undue anteversion.

IV. The Y shape is, however, found normally in some cases as, for example, the early puerperium.

EXCISION OF PNEUMOGASTRIC NERVE.—Leucke (*Centralblatt für Chirurgie*, No. 36, 1880) reports a case where a cancrroid tumor, with about three inches of the pneumogastric nerve, was excised, the patient recovering. At the time of operation neither the pulse nor the respiration was affected. Five months after the respiration was very changeable and excitable and pressure on the cicatrix produced coughing; but few recoveries after excision of the pneumogastric have been reported. And for these reasons the present case is of great physiological interest.

TREATMENT OF PAIN BY MECHANICAL VIBRATIONS.—Boudet de Paris (*Le Progrès Medical*, February 5th, 1881,) proposes to treat neuralgias by means of mechanical vibrations, claiming that mechanical shocks frequently repeated, determine local anæsthesia and analgesia. He applies a diaphragm set in vibration by an electric current of feeble intensity, directly to the surface to be affected. The maximum effect is obtained where the nerve is most easily compressed between the bone and the vibrating disc.

In cases of very acute migraine, rapid vibrations communicated to the cranial parieties, lead to rapid relief at the end of a few minutes, and in case the remedy is tried early enough, cut short the attack entirely. Boudet thinks his means of treatment might be tried with advantage against the pains of locomotor ataxia. The plan is apparently similar in its action to the means proposed by Dr. Hammond for the treatment of neuralgia of the testis, which has proven so valuable in his hands.

MALIGNANT PUSTULE.—Verneuil has had (*L'Union Médicale*), by the following means, great success in the treatment of this affection: Excision, cauterization with a red hot iron, and, hypodermic antiseptic injections. Malignant pustule, he claims has, from an anatomo-pathological standpoint, three zones. I. The eschar or gangrenous zone, with the vesicles characteristic of the disease. II. An indurated zone also presenting vesicles, though not of a clearly characteristic type. III. A zone of œdema. Until recently surgeons chiefly dealt with the gangrenous part, doing almost nothing to the indurated zone and nothing at all to the zone of œdema. Verneuil claims that that treatment should be devoted to all three zones. And he proposes the following means of treatment which he says has been very successful. I. To act on the gangrenous part by total destruction or excision. II. To make deep incisions and cauterizations

into the indurated part. III To disinfect the œdematous zone by antiseptic injections. He reports a case where the malignant pustule had made rapid advance, yet on this system of treatment being tried the patient had fully recovered. The drug preferably used for injection is iodine half a grain to the drachm and a half of water. The elements of this treatment, energetic though they be, are necessary for full success.

At the discussion of the paper, Trélat claimed that scarification of the gangrenous zone and its after treatment by caustics, together with antiseptic injections, were sufficient for the cure of the disease and cited a case corroborating this view. Davaine on the other hand claimed that hypodermic injections of iodine alone were sufficient for the cure of the disease.

FACTORS OF HEREDITY.—M. Mason, of the Royal Academy of Belgium, has experimentally demonstrated that the removal of the spleen in the parent will ensure a rudimentary state of that organ in the offspring. The animals experimented on were rabbits, and the atrophic spleen of the descendant of an operated animal weighed only 32 centigrammes, the bodily weight being 1,472 grammes. In the second generation of these descendants the atrophy was not more pronounced than in the first, from which he concludes that while the hereditary influence is powerful enough to modify structure to a certain extent, that a conservative force tending to maintain the general type, is active in combatting the individual and immediate hereditary influence where it would pass beyond a certain point.

IODOFORM IN PHTHISIS.—Rendu (*Journal de Médecine et de Chirurgie*), orders phthisical patients who are irritable or suffering from painful or spasmodic cough, one-third of a grain of iodoform in pill form four or five times a day, with at times great benefit.

NOISES IN THE EARS.—P. Hermet (L'Union Médicale,) comes to the following conclusions respecting noises in the ears:

I. That the noises compared by the patient to the sounds heard in shells, the sound of the wind, or the sound of the waves, are symptoms of a difference between the atmospheric pressure and that of the air contained in the ear, and are the result of obstruction of the eustachean tube, or of foreign bodies of the ears.

II. That the sounds whose tone is rendered by each, and which are compared by the patient to the noise of a jet of steam, the crackling of a fire of green wood, or the whistling of an unlighted jet of gas, are evidently noises of compression encountered every time the liquor of Cotugno is compressed by means of the ossicle. These are temporarily observed in cases of foreign bodies, oftener and more permanently in ankylosis of the chain of ossicles, adhesions of the tympanum, contracture and retraction of the tensor muscle of the tympanum.

III. The musical sounds are always due to an affection of the internal ear and are likely to be accompanied by titubations, vertigo, etc.

IV. The noises isochronous with the pulse, and simulating blowing sounds are recognized in congestions of the arterioles of the handle of the malleus and in vascular alterations other than those of the ears.

ACTION OF CONINE.—Dr. Boucheffontaine recently reported (Bulletin General de Thérapeutique,) before the Académie des Sciences, some experiments which proved, he claimed, that conine first acted on the nerve centres themselves before affecting the nervous connective substance between the nerves and muscles. In the dog and the batrachians the alkaloid ends by completely decreasing the nervous motor excitability if given in sufficient quantity, but is then fatal to both classes of animals. These results fully accord with clinical experience, for it has frequently happened that cases of acute mania and progressive

paresis in which delusions existed based on the motor disturbance, have had both removed by the use of sufficient doses of either the alkaloid or the fluid extract of the drug which has calmed the motor excitement, thus removing the delusions and preventing the establishment of a vicious circle which would soon exhaust the patient.

APOMORPHIA IN CAPILLARY BRONCHITIS. Dr. E. Kormann claims that apomorphia should be administered as follows: Children one year old are given one-sixth of a grain every hour or two, this being increased one-twentieth of a grain for each year. In seventy-six cases of capillary bronchitis the effect of the remedy was very marked. In some cases the remedy was not well borne and a slight degree of collapse followed the vomiting, with dilated pupils, which did not react upon exposure to light. A diminution of the pulse was also observed. Since it exerts no disturbing influence on the stomach it is in the opinion of the author our most valuable expectorant.

CARBOLATED CAMPHOR IN DIPHtheria. In a recent number of the Presse Médicale Belge, Dr. Souley claims to have met with great success in the treatment of diphtheria by local applications of the following mixture: Acid carbolic nine parts, camphor twenty-five parts, alcohol nine parts, and ol. olivæ thirty-five parts; a camel's hair pencil is dipped in this mixture and applied to the affected part every two or three hours, and in the course of some days every four or five, according to the extent of the improvement. The local applications are made over the whole extent of the false membrane. In children difficult to manage the throat is well swabbed with a camel's hair pencil well steeped in the mixture. The mixture has an exceedingly disagreeable taste, but the patients soon become accustomed to it. The use of this by atomization seems likely to be of more value.

OCCIPITAL HEADACHE A SYMPTOM OF URÆMIA.—Dr. E. C. Seguin (Medical Record, September 4, 1880,) has recently met with two cases of Bright's disease in which occipital headache was so localized and persistent as to lead to the suspicion of organic disease of the cerebellum. The autopsy revealed conclusively in one case that the cerebellum was normal, while both kidneys were extensively involved. Dr. Seguin believes that the publication of these cases may tend to render more accurate the diagnosis of occipital headache, and may illustrate the utility of a critical examination of the urine in obscure cases.

IODOFORM IN ORCHITIS.—Dr. Sabadin (Le Journal de Médecine de Bordeaux) has recently communicated to the Constantinople Medical Society a case of blennorrhagic orchitis which he treated with great success by applications of iodoform. The case was one of a hotel waiter, one of whose testicles was greatly swollen, and he could not remain under treatment without losing his place. Dr. Sabadini therefore resorted to the use of a pomade, composed of four parts iodoform and forty of vaseline. The result was remarkable; the pain ceased, the patient was not forced to relinquish his occupation, and the swelling disappeared in eight days.

A CANINE EPILEPTIC AFFECTION CAUSED BY ACARI.—Meguin recently (Gazette des Hôpitaux,) communicated to the Société de Biologie, the existence of an epileptiform affection, apparently contagious, which decimated for several years the kennel of a rich dog fancier near Havre. On careful examination it was found that the disease was due to the presence of an acarus in the auditory canal of the dog. This acarus, already known under the name of *Chonoptes Ecaudatus*, has been found in the dog, cat, and ferret, but only in the cat has it been recognized as the origin of vertiginous affection. Injection of an aqueous, one in five, solution of sulphate of potash cured the disease.

SHELLAC CONCRETIONS AS A CAUSE OF ILEUS.—Friedlander (Berliner klinische Wochenschrift, No. 1, 1881,) reports a case of ileus treated at the Berlin City hospital by purgatives, and enemata in which the patient died, and on the autopsy a large, hard concretion was found in the vicinity of the ileo-cæcal valve, completely obstructing the intestine, beside several scattered through the intestinal tract. These concretions weighed together about two pounds and were found to be composed of shellac. The patient had been a cabinet maker, and being an alcoholic, acquired the habit of drinking the furniture polish, an alcoholic solution of shellac. The question is raised as to whether similar habits may not be the cause of dyspepsia among cabinet makers. Other occupations in which alcohol is used may furnish cases of similar tenor.

LOCALIZATION OF STRYCHNINE IN THE BRAIN.—A recent number of the Archives de Neurologie contains an abstract of the researches of Grandval and La Joux, who, on a minute analysis of the brain of a patient poisoned by *nux vomica*, found strychnine in considerable quantity. These researches are claimed by Landouzy, who makes the abstract, to confirm otherwise the results arrived at by Spitzka, and to have considerable pharmacological and medico-legal value, since they overthrow a favorite theory of the chemists that strychnine, in case of poisoning by that alkaloid, is to be sought for chiefly in the liver.

PATENT MEDICINES.—Dr. W. L. Speaker, of Mt. Morris, Illinois, recently read a paper before the Ogle County Medical Association on this subject. The points especially made in the paper were that education of the populace in respect to these nostrums was the best means of destroying their sale, and that the physician who in any way recommended their use is either too ignorant or too knavish to bear the name physician.

PILOCARPINE IN DIPHTHERIA.—Gultman (Wien medic. Blatt,) claims that he has treated eighty-one cases of diphtheria by pilocarpine without losing a single case. The pilocarpine was given internally with pepsin dissolved in hydrochloric acid. The theory of its action is that the excessive salivation produced by the pilocarpine destroyed the false membrane and thus prevented auto-inoculation. The treatment may be of value, but the fiasco of Rokitsansky with benzoate of soda, should lead to some little caution in adopting new remedies which are claimed to be always successful.

SULPHATE OF COPPER IN CROUP.—Thibon (La Lancette Belge,) says that the effect of sulphate of copper, which he claims to be undoubtedly beneficial, is due to its action as an emetic and a parasiticide. The parasiticide theory is unquestionably a far-fetched one, still the remedy may act as favorably as claimed without necessarily implying the truth of the theory of its action. He gives a half tablespoonful of a mixture of seven grains of sulphate of copper to two ounces of water every ten minutes until vomiting occurs. This is said to be the most rational method of treating croup, and the article claims that complete success will occur from its use, however grave the case.

FLOVESCIN.—This substance, which has lately been extracted from oak wood (Zeitschrift für Anal. Chem.) by Lux, has properties which may prove of use to the physician. The most valuable of these is the fact that with an alkali, flovescin strikes a splendid yellow color. When the alkali is neutralized by an acid, the slightest excess of the latter will cause the yellow color to disappear. It is especially sensitive to carbonic acid. A weak alkali colored with flovescin will be speedily decolorized by blowing expired air through it. Flovescin seems particularly well suited for testing for an alkali in the urine and other liquids of the body.

BROMIDE OF ETHYL IN EPILEPSY AND HYSTERIA.—Olier and Bourneville (L'Union Medicale) recently reported to the French Biological Society the results of two months experimentation with bromide of ethyl on epileptic and hysterical patients.

In the hysterical cases they found that the remedy, administered at the beginning of the attack, completely checked the convulsions. In the epileptics, on the attack coming on during a tonic period, the bromide of ethyl appeared to act sometimes in such a way as to suppress the convulsions and produce complete muscular relaxation; often the attack was diminished in intensity and duration; sometimes the remedy was without effect.

PSYCHOSES TOO SOON SENT TO ASYLUMS. Dr. C. H. Hughes (Alienist and Neurologist,) claims that the following psychoses are too soon sent to asylums:

Puerperal insanity, insanity of uterogestation, insanity of lactation, general paralysis of the insane, acute psychic disturbance from hyperæmia, delirium tremen, senile dementia, insanity with far-advanced tuberculosis, mild cases of melancholia, and melancholia from reflex action. While the classification adopted by the writer is of the crudest, his general conclusion is decidedly correct, but an attempt to deal with the psychosis alone as an indication for treatment rather than the individual case, will always prove a failure.

SALICYLATED CAMPHOR.—Drs. Henrot and Luton (L'Union Médicale et Scientifique du Nord-Est,) give the results of the employment of this substance. Used under the form of pomade, against phagadenic ulcers, lupoid, and syphilitic, it has proved of great value. Henrot is of opinion that salicylated camphor is likely to prove of service in certain epitheliomata, particularly of the cervix uteri, and that in certain non-malignant ulcers of that organ it will undoubtedly be of the greatest value.

LOCAL.

BIOLOGICAL SOCIETY.

A meeting of the Biological Society was held March 2, 1881, at which there were read and reported, an Inaugural Thesis, by Dr. Leonard St. John; Cases of Puerperal Eclampsia, by Dr. Wazham; Notes on some Microscopical Appearances of Blood, by Dr. Curtis; Case of Masked Measles, by Dr. Starkey; Case of Fibroma Molluscum, by Dr. Paine.

CHICAGO MEDICAL SOCIETY.

A meeting of this society was held March 7, 1881. Dr. R. Tilley exhibited the "Norton Attachment" for waste pipes for the obstruction of sewer gas, after which there was a discussion.

WEST CHICAGO MEDICAL SOCIETY.

A meeting of the West Chicago Medical Society was held March 14, 1881. Dr. Mary H. Thompson reported an interesting Gynæcological Case. Mr. S. L. Coffin, President of the Chicago College of Pharmacy, led in a discussion of the proposed Pharmacy bill. There was a full attendance of pharmacists and physicians, who discussed the bill.

STATE MICROSCOPICAL SOCIETY.

Before this society, March 11, 1881, Dr. S. V. Clevenger read a paper on "Nerve Cells and their Function."

He began by claiming that the theory of evolution, as a working hypothesis, had been of great value in clearing away the teleological fetters of science, and then entered upon a description of the division of the brain cortex as follows:

I. Scattered small corpuscles near the pia matter.

II. Closely-set pyramidal corpuscles.

III. Large pyramidal, cortical corpuscles.

IV. Closely-set, small, irregularly shaped or granular corpuscles.

V. Fusiform corpuscles.

VI. Medullary lamina.

The various nervous systems were examined, and it was shown that the essen-

tial characteristic of the higher was the disproportionate increase of connective tissue fibres, he then saying that, as an explanation:

"We must therefore find something analogous to this condition in the lowest vertebrate forms, and preparatory to making personal observations on the lamprey and such fish as our lake affords, I wrote to Dr. E. C. Spitzka, of New York, telling him that our literature was unsatisfactory on this point, and asking him if the amphioxine spinal marrow was not destitute of cells. He replied: 'It is as you suppose, and in accordance with my theory, already published, free nuclei and neuroglia. The lamprey has actual nerve cells very low in structure. Certainly free nuclei and neuroglia preponderate. It is a fact that many animals with well developed nerve cells in cord and medulla have very embryonic higher ganglia. The spinal cell reaches perfection first, in the scale, of animals and, of embryonic development.'

"I think I have detailed enough from which to draw some important generalization:

"I. The nerve cell is born of the original proto-plasmic cell and is highly productive of granules, which form axis-cylinder processes and nerve fibres.

"II. Fibres may be, and are produced primitively independent of nerve cells.

"III. The brain and spinal cord of the embryo is one large nerve cell.

"IV. The nerve cell is not necessary to nerve action, for in the lowest vertebrates there may be an utter absence of such cells the fibres alone affording passage for this form of molecular motion.

"V. The principle function of the nerve cells appears to be histogenetic. It is engaged actively in producing pigment substances which among coelenterates and above these we often see it directly metamorphosed into peripheral sense organs, such as the eye and ear terminals, tactile bodies, etc., and containing granular molecules rapidly being thrust from the cell body in the form

of processes which intermingle with the nerve fibres and contribute to their structure if they do not actually resupply all axis cylinders.

"VI. It would seem most likely that the main, if not the only true function of the nerve cell wherever situated, or regardless of its form or size, is to reproduce nerve fibres, which go to indicate fibres already laid down and sufficient for lower automatic animal existence.

"Having thus imperfectly reviewed the subject of nerve cell function we may frame an hypothesis, tentatively at least, to see how far it will account for the facts:

"Taking the amoeba as the representative of primitive life, it may in time be proven that its vitality is purely chemical and physical, at least a withdrawal of the material water in which its molecules of hydrogen, carbon, oxygen and nitrogen move, at once destroys its life. But, setting this consideration wholly aside, the living cell exhibits contractility, irritability, it is capable of assimilation, growth, reproduction. The secretory, metabolical, respiratory and excretory abilities are pure outgrowths of the other terms. 'All the physiological phenomena of the higher animals are similarly the results of these fundamental qualities of protoplasm peculiarly associated together, and the higher animals, we learn, from morphological study, may be regarded as groups of amoebae, peculiarly associated together. The dominant principle of this association is the physiological division of labor corresponding to the morphological differentiation of structure.'

"To present the matter as plainly as possible modern biology shows that the primitive cell has what is called life, of which we judge by its motions solely. Life from one point of view, consisting of a multiplicity of motions, every cell must retain among its molecules a certain amount of free motion, and whenever we find the motions taking upon themselves peculiar characteristics, as for instance, the cells of the intestinal

villi, higher assimilative and excretory, those of the neuroglia of the primitive spinal cord highly irritable, the ovum highly reproductive, we find most, if not all, the accompanying functions of the cell in abeyance. While the egg is undergoing fission the reproductive functions alone is most prominent, of course the assimilative may not be suppressed in any stage, though it may not be a prominent feature in some stages.

"We see by the very rudimentary notochordal structure of the amphioxus, that the irritability does not necessarily reside in a nerve cell, for it has none. Nerves and neuroglia, but not cells, are owned by this low organism, and still it exhibits much appreciation of its relation to the environment.

"Now while certain abilities are nearly suppressed by this property of differentiation of cells, it is not unreasonable to suppose that the ganglion cell function is nearly purely histogenetic. Its power to reproduce at first its own prototypes and next granules, which from axis cylinders, are so prominent that we might well hesitate before exacting its abilities beyond this. It is only by a process of exclusion and by working out philosophical conclusions from these premises that we can arrive at any satisfactory explanation of the nerve cell function. Our knowledge of the cell goes just so far, and beyond this the best we may do is to reason upon the probable.

"In claiming that the nerve cell does not generate nerve force, that every cell, nervous or not, possesses its own force for which the nerve fibres simply act as messengers, I am merely denying that which has only been assumed in times past; the necessity for this supposition of a purely nervous force does not now exist. All forces are but modes of motion, from the molecular to the mechanical, from that concerned in the explosion of gun-powder to that which builds or tears down houses. The forces inherent in each amoeba-like cell are quite sufficient to account for all life phenomena."

CONTRIBUTIONS.

EPILEPSY WITH SYMPTOMS SIMILAR TO HYDROPHOBIA.

BY JAS. G. KIERNAN, M. D., CHICAGO, ILL.

I was recently called to a young man twenty years of age who presented the following symptoms: A rapid pulse, increased respiration and a temperature below normal on one side. His pupils were widely dilated; he was continually ejecting quantities of saliva of a thick, tenacious character. He complained of great dryness in the throat, and a constriction of it and the upper part of the chest. On water being allowed to run from the faucet there was a marked laryngeal spasm, which was redoubled when the patient attempted to drink. He was in a semi-conscious condition, not clearly realizing his relation to his surroundings, but a firm, loudly uttered command caused him to obey. There was marked retention of urine and constipation. On examining into the patient's history, he was found to have had epilepsy for several years; he came of a markedly neurotic stock, and had marked asymmetry of face and skull. The number of epileptic attacks varied greatly, no definite register of them being kept, however. He had been under treatment for very frequent dyspepsia, but without marked effect on the epilepsy. In addition to the symptoms already mentioned, the patient showed slight tendency to incoherent violence. He was given an enema of turpentine and his urine was removed by catheter, after which he was ordered R kali bromide, 16.00; chloral hydrate, 12.00; ex. fl. ergot, 16.00; aqua, 128.00. M. S. 3ij omne tertia hora. This treatment was without apparent avail on any of the symptoms, although continued for at least two days, when the chloral was doubled and ex. fl. conium, 2.40 added to the mixture. Under this treatment the laryngeal spasms disappeared, the patient regained consciousness, and though it became necessary for him to abstain from solid food for a short time for fear of exciting the laryngeal spasm, he was otherwise fully recovered, and other than being weak, in about his usual condition of health. The peculiar condition in which I found the patient in many respects strongly resembled hydrophobia, and had it not been for the fact that a similar condition was said to be present on other occasions that diagnosis could readily have been made. The agent which I consider to have been of

most value in this case was the conium, as it seems in most cases to possess a marked influence in controlling motor excitability. The question might readily be raised that the laryngeal symptoms were due to some local laryngeal affection, but it must be said that a strict examination failed to reveal aught of this kind. I have seen exactly similar symptoms present in one case of acute mania, and see no reason why they should not exist in other conditions. It may be said that many of the symptoms here described were psychical in character, but so are many of the symptoms of hydrophobia. The case in some respects resembles one exhibited by Dr. V. P. Gibney, before the New York Neurological Society, which was more marked as regards the spasm, but this was not excited by extraneous influences, nor did the patient exhibit any marked mental symptoms or loss of consciousness. Whether similar cases may not have been called hydrophobia is a question that might readily be raised, and one that would serve to explain certain contradictory cases reported. In its general features lyssa is not always a disease that is sufficiently sui generis to be clearly diagnosed, and, if my patient had been bitten by a dog, none of his antecedent history known, an error in diagnosis would have been pardonable, and it is probable that one more recovery from hydrophobia might have been reported. The case of acute mania presented such marked symptoms of hydrophobia that a physician who had seen fifteen instances of that disease, was only convinced of the non-existence of lyssa when he learned that the patient had recovered. The difference in diagnosis would, however, have made but little difference in treatment, for although the irritating factor producing the symptoms would be in one case a specific poison, or as Pasteur claims, a special germ, and in the other a disease in which these elements were absent, I still should here resorted to conium and chloral, though in more than double the dose. The case of acute mania received at one dose eight times during twenty-four hours, ex. fl. conium, 8.00; ex. fl. hyoscyam, 8.00; chloral hydrate, 6.00, and was at length so much under the influence of the conium that he could not influence a single group of muscles. He afterward informed me that despite his excitement he felt then an overpowering sense of weakness, but that oppressive sensations in his throat and chest seemed to have vanished.

CORRESPONDENCE.

LONDON LETTER.

LONDON, February 19, 1881.

There is at present in London, as in the cities on your side of the water, much discussion on the question of the spread of small pox. The matter was recently discussed in the House of Commons and figures concerning the average number of deaths per annum since 1860 are given. It appears from these figures that the average number of deaths was, in the period from 1860 to 1871, 1,425 per annum, and in the period from 1872 to 1880 the number was 850, and that during the year 1871 there were 7,878 deaths from small pox alone.

Vaccination seems to have recently given rise to a riot at Brighton. Dr. H. Ross, a prominent physician of that city, who is a public vaccinator, was recently mobbed and very roughly handled. The American plan of prohibiting public funerals of patients dying from small pox has been much discussed, and regret is very generally expressed that this would be regarded in England as an infringement on the liberty of the subject, and that regulations of this kind could not therefore be enacted. To turn to topics of more immediate medical interest. Gelsemium is attracting much attention as a remedy for facial neuralgia. Several recoveries are claimed as a result of its use in fifteen minim doses of the English tincture.

Dr. Chambers reported a case at the Obstetrical Society where the uterus and both ovaries, weighing together ten pounds, were removed. An abdominal incision of eleven inches was made; the broad ligaments were tied with silk at each side, a parallel clamp placed above the ligature and the uterus cut away. The cervix was then transfixed by a double ligature, the clamp removed, the ligature tightened and the stump replaced. The tumor, because of which the operation was performed, proved to be a lobulated white fibroid. Two cases of double uteri were related at the same meeting by Dr. Matthews Duncan and Braxton Hicks. One of the uteri in each case was pregnant, delivery occurring naturally at full term and first leading to the discovery of the double uteri. At the recent meeting of the Statistical Society Mr. Dawson announced that from careful examination he had come to the conclusion that men did not reach their full weight before thirty years. Five cases have recently been reported from India in which

the stage of collapse of Asiatic cholera has been successfully treated by hypodermic injections of chloral hydrate of from one to six grains. Dr. Balmanno Squire has recently proposed to treat chronic indolent ulcers by linear scarification, such as is often adopted in the treatment of lupus. At the Consumption hospital, Brompton, a case of empyema of four years' duration was treated by resection of the seventh, eighth and ninth ribs, with the effect of producing marked improvement; a fistulous opening remaining six months after; the pus at times accumulating, but being readily removed with a tube without interfering with the patient's employment. At the University College hospital a case of rupture of the vagina into Douglas' pouch occurred, followed by peritonitis, the patient ultimately recovering. At the Royal Free hospital a tumor of the thyroid was removed with the intention of relieving dyspnoea; the operation was successful, the patient recovering perfectly. The recent report of delirium after the use of sodium salicylate has thrown some discredit on the use of the remedy. Dr. Charteris traces these effects of the remedy rather to the way in which it is produced than anything in it per se. He claims that salicin has no tendency of the kind attributed to salicylate of soda and comes to the following conclusion respecting it:

First. In uncomplicated rheumatism salicin, in doses of twenty-five grains every three hours, dissolved in warm water or milk, will lower the temperature in two days.

Second. When this has been accomplished the frequency of the repetition of the dose should be diminished, to every six hours, then after two days it should be stopped altogether, as its further continuance is useless and depressing.

Third. If the temperature be not lowered in the time mentioned the heart is very likely affected, and if such be the case the remedy is of no avail against the fever.

Fourth. Before the employment of salicin the urine should be tested for albumen; if this be present the remedy should not be used.

Fifth. He claims that delirium has never followed the use of salicin. The carbolic acid in the salicylic acid being probably the source of the delirium.

At the Royal Medical and Chirurgical Society, Dr. Frederick Treves discussed the condition of large arteries after ligature under antiseptic and non-antiseptic measures. He thought that the antiseptic measures

might cause a healing of the wound too perfect for surgical use. A specimen was shown at the Pathological Society of a rupture of the aorta in a girl of twelve years who died in collapse after being trampled on by a pony. The posterior mediastinum was found full of blood, and in the descending part of the arch there was a rupture of the middle and internal coat almost as clean cut as if by a knife. The head of the third left rib projected, nipping the aorta between it and the front of the chest. Nerve-stretching is attracting as much attention as a means of treatment for locomotor ataxia, in this country as it appears to be doing in France or the United States. Winter cholera, which has made its appearance in London, is traced to the use of cheap sausage. These are all the matters of special interest occurring during the last month. T.

CLINICAL NOTES.

Bellevue Hospital, New York.

SUBPERIOSTEAL OPERATION FOR NECROSIS.

At a recent clinic Dr. Jas. R. Wood made some remarks upon the process of necrosis and the reproduction of bone, and described at length several operations in cases of necrosis in which by preserving the periosteum he had secured a complete reproduction of the piece of bone removed. He also exhibited, in illustration of his remarks, a number of dried specimens of limbs in which after the removal of sequestra new bone had been formed. In the course of the clinic he said: "It is well known that new bone is produced from the periosteum, after fractures, or after the removal of sequestra. This fact has led very naturally to the desire to preserve the periosteum in all cases where it is necessary to secure the reproduction of bone. My method in operating for the removal of sequestra is to cut down upon the diseased bone and with a sharp bone spatula to strip up the periosteum with the muscles attached to it from the bone beneath. Having then extracted the piece of dead bone I replace the periosteum and surrounding tissues in their normal position and allow nature to supply new bone to take its place. You see this boy's leg. It has the mark of a long incision upon its inner surface, but the leg is a good one and the boy can walk perfectly well. If you feel the tibia you will find it as large and firm as in a normal limb. About a year ago this boy was brought into the hospital

in order to have his leg amputated. I made an examination of the limb and found that the process of necrosis was going on in the tibia and that a large part of the bone was involved. Through numerous sinuses from which pus was flowing dead bone could be touched with the probe. Some years before this in a case of necrosis of a rib I had cut down upon the bone and removed the sequestrum; and on the death of the patient some months afterward from another disease I found, on dissecting out the rib, that the portion of the bone which I had removed had been entirely and accurately reproduced. In the case of this boy the same procedure was resorted to. A longitudinal incision the whole length of the tibia was made, the periosteum carefully stripped up with the tissues attached to it, and the dead bone removed. Nature did the rest; and you see that a complete tibia has been reproduced and the boy has a serviceable leg."

Dr. Wood then showed two specimens illustrating the success of his subperiosteal operation. They consisted of the necrosed fragments removed from a lower maxilla, and the new maxilla reproduced after the operation. The patient was a girl 17 years of age. The whole of the lower maxilla had necrosed and two operations were necessary for its removal. In the first operation an incision beginning at the posterior upper part of the ramus of the jaw on the right side was carried down behind the angle of the jaw and forward along the under surface of its body to the symphysis, the periosteum being stripped up with the muscles, and preserved. The bone was sawed through at the symphysis and the necrosed portion completely shelled out from the periosteum. At the second operation the left half was taken away in the same manner. The wound was thoroughly irrigated with carbolic water and was dressed with Balsam of Peru. In the course of five months an entire new jaw having the general shape of the old bone, and at no point less than half an inch in thickness was produced, and the girl left the hospital with no apparent deformity of the face. Three years after the operation she returned to the hospital with a cerebral disease and died. The skull was obtained and dissected and the character of the newly produced bone examined. It was found to be true bone in all respects. The result was so remarkable that the specimens were sent by Dr. Wood to Berlin and were examined by Von Langenbeck and Virchow.

They pronounced it the only case upon record. Since that time several cases of partial necrosis of the jaw have been operated on with the same result. The subperiosteal operation for necrosis of the clavicle has also been done by Dr. Wood, and by keeping the arm and shoulder in proper position while the new bone formed a good result without deformity was obtained. The operations are not done under the Lister method, as sufficiently good results are obtained by the method preferred by Dr. Wood, viz.: continued and repeated irrigation of the wound with carbolyzed water, after which it is dressed with Balsam of Peru. The wounds are washed out every three hours night and day and pus is not allowed to accumulate to give rise to septic poisoning. Having made these remarks Dr. Wood proceeded to operate upon a small boy for necrosis of the jaw. The incision was made at the angle of the jaw about $2\frac{1}{2}$ inches in length, the periosteum was stripped up and the sequestrum removed. The wound was left open for treatment by irrigation, and when last seen several weeks after the operation the formation of new bone was progressing.

MODIFICATION OF SYME'S AMPUTATION AFTER TREATMENT.

Dr. Wood has also performed an amputation of the foot according to Syme's operation, with some slight modifications. The patient was a young man suffering from gangrene of the toes and feet. The mortification had followed a frost bite which was not properly treated. A line of demarcation had formed at the instep and it was decided to amputate at once, Syme's amputation being selected as the one calculated to furnish the most serviceable stump. After giving the history of the case and making some remarks upon the process of mortification Dr. Wood proceeded to describe his modification of Syme's amputation. He said: "Syme's amputation is really an amputation of the lower part of the leg inasmuch as he sawed through the tibia just above the articular surface. This operation gives a very useful stump. But it has seemed to me for some years that an operation slightly modified is preferable. In amputating at the ankle I make my incisions as Syme did; the first from the external malleolus, downward across the sole of the foot and up to the internal malleolus, to a point exactly opposite its commencement—the incision being slightly posterior to the vertical

line—and the second, from the extremities of the first incision across the front of the joint. In making the first incision I cut down upon the os calcis at a point corresponding to the most prominent point on its plantar surface. I then begin to dissect up the flaps at this point, stripping up the periosteum with the soft tissues. This adds somewhat to the difficulty of the operation but is an important modification. The dissection is carried upward and backward, and as the periosteum is stripped off with the insertion of the muscles, it is unnecessary to divide the tendo achilles. When the flap is fully raised the lateral ligaments are divided and the foot removed. The next step is to saw off the projecting malleoli, and in doing this the saw is directed from behind forward and slightly downward. The articular cartilage of the tibia is then scraped off and the flap brought up into position. As Esmarch's bandage and the tourniquet are employed the arteries are not tied until the operation is completed. The results of this modification of Syme's amputation have been so satisfactory that I prefer to perform it now in most of my cases."

Having described the operation Dr. Wood proceeded to carry it out in all its details. The after treatment has been as follows: After the operation the surfaces of the flap and of the extremity of the tibia were thickly coated with Balsam of Peru; and finely picked oakum laid in between them; the flap being held in position by strips of adhesive plaster. In this way granulation from the bottom of the wound was secured, and as these granulations encroached upon the interspace a smaller amount of oakum was required to fill it, until at last no interspace remaining, union upon the surface occurred and the stump was complete. This method, called by Dr. Wood the open method of treating fractures, is largely used by him in the wards of Bellevue and yields admirable results. S.

NITRITE OF AMYL IN AORTIC AFFECTIONS.—Dujardin-Baumetz (*L'Union Médicale*, Jan. 29, 1881,) claims that patients affected with aortic disease have a tendency to syncope, vertigo, or pulmonary angina, which usually yields, if not to opium, at least to amyl nitrite. From five to ten drops are to be dropped on a handkerchief and quietly inhaled by the patient.

REVIEWS.

TRANSACTIONS OF THE MEDICAL ASSOCIATION OF THE STATE OF MISSOURI, at its Twenty-third Annual Session, held at Carthage, Missouri, May 18, 19 and 20, 1880. Davis and Freegard, printers, St. Louis, Missouri.

The transactions open with the presidential address by Dr. Maughs on "Medical Ultraisms," which deals first with the history of the association and the advances made in the study of gynæcology during the past thirteen years. In this address numerous errors in diagnosis of the physicians of thirty years ago, are given, among others, the failure to recognize a tumor in a young lady, which proved to be malignant on examination thirty years after. The essay is marked by that tendency to the denunciation of specialists which is just now becoming so fashionable, and is so absurd, the latter more especially, since it is usually (as in the present case) indulged in by specialists. The weak joke about the umbilicus (first made use of by a specialist against specialists) is here amplified ad nauseam. That there is too much tendency to the multiplicity of specialities may be true, but the present rage for denunciation of them is carried to extents ridiculous in the extreme. The first two papers on "Deformity at the Wrist Joint," by Dr. A. J. Stelle, and "Complete Outward Dislocation of Radius and Ulna," by Dr. F. M. Johnson, are practical narrations of cases and treatment. The next paper "Dangers of Simple Uterine Manipulations," by Dr. Geo. J. Engleman, is so widely quoted and discussed as to render any farther special mention here unnecessary. A case of "Resection of the Infra-Orbital Nerve and Spheno-Palatine Ganglion," by Dr. Geo. Holley is then reported. The relation of mind to matter is then discussed in a very materialistic style, by Dr. J. M. Allen, but not in a manner calling for special mention. Dr. F. J. Lietz then gives an account of a case of laparotomy for cysts of the broad ligament, resulting in recovery. The dry method of treating disease of the ear is then discussed by Dr. Chas. Ford. Dr. J. E. Tefft goes carefully over the subject of miasmata without adding anything new except the rather objectionable term "Civic Miasm." The report on "Surgery" contains nothing new or newly put. The report on the "Progress of Medicine" is about equal to the yearly *omnum gatherum*

on this subject. The report on "Medical Education" contains the usual platitudes on this subject. The book is not very badly printed, but is so badly bound that page 86 fronts page 91, page 87 page 84, and so on.

The opinions often expressed as to the uselessness of these annual volumes of transactions are fully justified by the present volume.

ON SLIGHT AILMENTS, THEIR NATURE AND TREATMENT. By Lionel S. Beale, M.B., F.R.C.P., F.R.S., Professor of the Principles and Practice of Medicine in King's College, London, and Physician to King's College Hospital; lately Professor of Pathological Anatomy, and formerly Professor of Physiology, General and Morbid Anatomy in King's College. Presley Blakiston, Philadelphia, 1880.

For a book with so simple a title, this work has been an agreeable disappointment. Lionel S. Beale is well and favorably for his eminently original views on many pathological subjects. He is not simply a dry describer of cells, but can reason and reason logically, though it may be thought far beyond his facts. A man of this stamp, when writing a book with so popular a title, usually chooses it to hide the defects of crude essays written before his fame had at all reached its zenith, and which he desires to republish. The present work has been a marked surprise in this particular. It is not a collection of miscellaneous essays, strung together only by a preface, but a connected series of lectures. There are many valuable hints for the young practitioner to be found in this volume, which usually receive but little attention in the college curriculum. The first fourteen pages are especially valuable in this particular, teaching the physician just starting into practice, the attention to tact, and the psychical elements of disease necessary to even relative success. The author then takes up the question of the "Tongue in Health and in Slight Ailments," in which the normal condition of the tongue is considered, under the following heads: "Dorsum of the Tongue," "Fungiform and Filiform Papillæ and their Epithelial Covering," "Epithelial Hair-like Processes of the Filiform Papillæ," and finally the "Epithelial Cells." The abnormal conditions are then taken up, the first dealt with being the "Fungi and Low Organisms of the Tongue and Mouth."

"The Tongue in various Derangements" is then taken up, its "Dry and Moist States" being discussed in their general relations. The significance of "White Moist," "Bright Red," or "Dry Brown, Tongue" is then examined. The various subjective symptoms of disease, as found in the mouth, are then very critically examined, metallic tastes, offensive breath, apthæ and buccal ulcers being carefully treated. The next lecture deals with "Appetite," "Nourishment," "Thirst," "Hunger," in the same pleasant style, and with a careful but not wearisome attention to minute detail. The third lecture is on "Indigestion, its Nature and Treatment," and contains much that is of value even to the experienced practitioner. The two lectures on "Constipation" are perhaps the most valuable in the book. The three succeeding chapters on "Diarrhœa," "Vertigo," "Giddiness," "Biliousness," "Sick Headache," "Neuralgia," "Rheumatism," contain the common necessary details too often absent from the so-called scientific on practice. The last three chapters work on fever and inflammation give much valuable information, tinged with the author's views, but none the less likely to be of value.

The book is written in a plain, rather popular style, and modestly claims to be intended for young practitioners and their pupils. It is likely to accomplish much good, in the treatment of these small ailments so persistently ignored by the prevalent pseudo-scientific medical cant which passes for profound literature. In conclusion, it may be said that there are many more pretentious works that might be spared from the library of the medical man before this little volume.

REPORT ON YELLOW FEVER IN THE U. S. S. PLYMOUTH IN 1878-79. By R. C. Dean, M.D. U. S. N., prepared under direction of Philip S. Wales, M.D., Surgeon General U. S. N. Government Printing Office, Washington, D. C., 1880.

This work shows evidence of considerable care and labor on the part of Dr. Dean, but being printed at the government expense is rather prolix and contains nothing calculated to settle the vexed question of the nautical origin of yellow fever. There is really but little original work shown in the volume, while the germ theory hobby at present so predominant, is ridden pretty hard. There are numerous micro photo-

graphs of germs and an occasional representation, rather of a pre-raphaelistic type, of ordinary chemical apparatus. Other than as history of this special epidemic, the report is of no value.

DRAINAGE FOR HEALTH OR EASY LESSONS IN SANITARY SCIENCE. By Joseph Wilson, M.D., U. S. N. Presley Blakiston, Philadelphia, 1881.

This volume is written in a pleasant, easy style, and contains matter of great value, both from sanitary and an agricultural point of view. It is intended more for popular than medical use, and if its teachings were followed would probably do more good in the way of preventing disease than the numerous "Family Physicians," "Physical Lives of Women," etc., which usually only pander to prejudice and morbid tastes.

SECOND ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF ILLINOIS. Dr. Horace Wardner, President; Dr. Jno. H. Rauch, Secretary. H. H. Rokker, State Printer and Binder, Springfield, Illinois, 1881.

This volume contains the usual statistics, accounts, etc., characteristic of boards of health. This board, however, give the State a little more for its money for they drop into poetry, as witness a little rhythmical, pathetic poem on the skin on page 126, and it is gratifying to find that the board recognize in this decided manner the sanitary value of æsthetics. Appended are some interesting statistics regarding the working of the law requiring physicians to register. From these it appears that there have been registered 3,688 regular physicians and 966 irregular. There have also been registered 132 widwives on diplomas and licenses, 376 on practice and 58 on examination. There are some valuable remarks on the Sanitary Problems of Chicago, by the Secretary, Dr. J. H. Rauch. The report is, as a rule, pleasantly destitute of those sophomoric essays, in which documents of this kind usually abound.

THE HEART AND ITS FUNCTIONS. D. Appleton & Co., New York, 1881; Jansen, McClurg & Co., Chicago.

This is one of the series of "Health Primers," and is anonymous. It is too technical for use outside of the medical profession, but is written in most too popular a style to be of any use in the profession.

JOHN HUNTER AND HIS PUPILS. By Samuel D. Gross, M.D., L.L.D., D.C.L., Oxon L.L.D., Cantab, Professor of Surgery in the Jefferson Medical College, President of the Philadelphia Academy of Surgery, etc. Presley Blakiston, Philadelphia. Jansen, McClurg & Co., Chicago.

This book gives a correct but gossip account of John Hunter's life and psychical characteristics, and his influence on current medical thought of the generation succeeding. This influence, however, is even greater now than is generally suspected, and how much of the current medical thought has been stimulated by John Hunter cannot be estimated. Certainly his studies in comparative anatomy were no mean agents in leading to what promises to be a study of great value, comparative medicine. Hunter assuredly was a genuine man, and this book, extremely eulogistic as it is, fails to do him justice. The book is well printed, and calculated to be an ornament to the library.

CONSTIPATION PLAINLY TREATED AND RELIEVED WITHOUT THE USE OF DRUGS. By Joseph F. Edwards, M.D. Presley Blakiston, Philadelphia, Pa., 1881. W. T. Keener, Chicago.

This book is written in the same stilted style characteristic of the author's former work, "How Persons Afflicted with Bright's Disease Should Live." It contains much advice likely to be of value, and from its subject is likely to do less harm if placed in the hands of the laity than the former work. If it can diminish the tendency to the consumption of patent medicines, as might be hoped from its title, much good would be done by it, but since the great reason that these remedies have so much success is that the public, as a rule, are desirous of dosing themselves, no amount of advice will ever induce them to forego their indulgence. The book is printed in clear type, and on good paper, and is no disgrace to the publisher.

LADIES' SANITARY TOWELS.—Dr. Galabin proposes (British Medical Journal) towels, with a pad of cotton wool rendered antiseptic by boracic acid, for use during the catamenia and after confinement. It is said they can be made very cheaply and burnt without much expense after use.

BOOKS AND PAMPHLETS.

John Hunter and his Pupils, S. D. Gross, M. D., L. L. D. Dr. C. L. Oxon, L. L. D., Cantab. Presley Blakiston, Philadelphia, 1881. Jansen, McClurg & Co. Chicago, \$1.59. The Heart and its Function, D. Appleton & Co., New York; Jansen, McClurg & Co., Chicago. 50 cents. 1881.

Syphilis and Marriage, Alfred Fournier, Professor a la Faculté de Médecine de Paris, Médecin de l'Hôpital, St. Louis, Membre de l'Académie de Médecine. Translated by P. Albert Morrow, M. D. D. Appleton & Co., New York, 1881; Jansen, McClurg & Co., Chicago.

Practical Treatise on Diseases of the Skin. Third Edition. Louis A. Duhring, M. D., Professor of Diseases of the Skin, etc.; J. B. Lippincott & Co., Philadelphia; Jansen, McClurg & Co., Chicago. 1881.

COLES, W., M. D. Notes on Syphilis. Reprinted from St. Louis Medical and Surgical Journal, Jan., 1881.

HOTZ, F. C., M. D., Chicago. Value of Homatropine in Ophthalmic Practice. Reprinted from the Chicago Medical Journal and Examiner, February, 1881.

ALEXIAN BROTHER'S HOSPITAL. Fourteenth Annual Report for 1880.

HEMMING W. DOUGLASS, M. D., F. R. C. S. E., London. Otorrhea, its Varieties, Causes, Complications and Treatment. Reprinted from the Students Journal and Hospital Gazette.

SOILY S. EDWARDS, M. D., M. R. C. S. E., Colorado, for Invalids.

ANNUAL ANNOUNCEMENT Medical College of the Pacific.

SPRAGUE, G., M. D. Meats We Eat.

CIRCULAR IOWA AGRICULTURAL COLLEGE VETERINARY SCHOOL, 1881.

EDWARDS, JOSEPH F., M. D. Constipation Plainly Treated Without the Use of Drugs. Presley Blakiston, Philadelphia, 1881. W. T. Keener, Chicago.

JOHN H. ROACH, M. D., Secretary of the Illinois State Board of Health, Springfield, Ill. The Sanitary Problems of Chicago, Past and Present. Reprint from the Second Annual Report of the Illinois State Board of Health.

THE ARMY.

OFFICIAL List of Changes of Stations and Duties of Officers of the Medical Department, U. S. Army, from March 1st, 1881.

Brown, H. E., Capt. and Asst.-Surgeon. Relieved from duty at Ft. Duncan and assigned to duty at Ft. Davis, Tex. S. O. 35, Dept. of Tex. Feb. 26, 1881.

Girard, J. B., Capt. and Asst.-Surgeon. Having reported in person assigned to duty at Ft. Verde, A. F. S. O. 23, Dept. of Arizona. Feb. 26, 1881.

Taylor, B. D., Capt. and Asst.-Surgeon. Assigned to duty at Ft. Ringgold, Tex. S. O. 40, Dept. of Texas March 7, 1881.

Wm. H. Arthur, Geo. E. Bushnell, H. P. Birmingham, and M. C. Wyeth, appointed Assistant-Surgeons, U. S. Army, to rank from February 18, 1881.

MORTALITY IN CHICAGO FOR FEBRUARY, 1881. POPULATION, CENSUS 1880, 503,298.

Oscar C. DeWolf, M. D., Commissioner of Health. M. K. Gleason, M. D., Registrar of Vital Statistics.

ZYMOTIC DISEASES.		Cancer—Rectum		ORDER 3—Respiratory.		DEVELOPMENTAL.	
ORDER 1—Miasmatic.		Cancer—Uterus		Asthma		ORDER 1—Children.	
Cholera—Infantum	3	Dropsy		Bronchitis		Atelectasis Pulmonum	
Cholera—Morbus	2	Leucocythemia		“ Capillary		Cyanosis	
Croup	41	Marasmus—Senile		Congestion—Lungs		Congenital Deformity	
Diarrhœa	6	Marasmus—Infantile		Empyema		Congenital Debility	
Dysentery	3	Rheumatism		Emphysema		Dentition	
Diphtheria	44	ORDER 2—Tubercular.		Hydrothorax		Spina Bifida	
Enterocolitis	1	Caries of the Vertebra		Laryngitis		Tedious Birth	
Erysipelas	15	Hydrocephalus		Pleuritis		ORDER 2—Women.	
Fever—Cerebro-Spinal	16	Hæmoptysis		Pneumonia		Plegmasia Dolens	
Fever—Remittent	4	Phthisis Pulmonalis		Pneumonia—Broncho		Puerperal Mania	
Fever—Scarlet	22	Scrofula		Pneumonia—Pleuro		Puerperal Septicæmia	
Fever—Typhoid	15	Tabes Mesenterica		ORDER 4—Digestive.		Puerperal Convulsions	
Fever—Typho-Malarial	4	Tubercular Meningitis		Abscess—Liver		Puerperal Peritonitis	
Fever—Typhus	1	Tubercular Enteritis		Cirrhosis—Liver		ORDER 3—Old Age.	
Measles		LOCAL.		Osophagitis		Debility—Senile	
Pyæmia	2	ORDER 1—Nervous.		Enteritis		ORDER 4—Nutrition.	
Septicæmia	3	Apoplexy—Cerebral		Gastritis		Asthenia	
Small-Pox	33	Atrophy—Brain		Gastro-Enteritis		Atrophy	
Whooping Cough	8	Cerebritis		Hepatitis		VIOLENCE.	
ORDER 2—Ethereal or Inoculated.		Congestion—Brain		Intussusception		ORDER 1—Accident.	
Malignant Pustule		Convulsions—Infantile		Icterus		Burned	
Syphilis—Tertiary	1	Epilepsy		Peritonitis		Crushed	
ORDER 3—Dietetic.		Exhaustion		Ulceration—Stomach		Crushed by Elevator	
Alcoholism—Chronic	3	Hemiplegia		Ulceration—Bowels		Drowning	
“ Delirium Tremens	2	Hydrocephalus—Acute		ORDER 5—Urinary.		Gunshot Wound	
Inanition	17	Insanity—Dementia		Abscess—Kidney		Fracture of Spine	
Purpura	3	Laryngismus Stridulus		Bright's Disease		Fracture—Lower Jaw	
Bronchocele	1	Meningitis—Cerebral		Cystitis		Shock from R.R. Accid't	
ORDER 4—Parasitic.		Meningitis—Spinal		Nephritis		“ Surg. Operat'n	
Aphthæ	1	Myelitis		Ischuria		ORDER 2—Homicide.	
CONSTITUTIONAL.		Paralysis		Uremia		Manslaughter	
ORDER 1—Diathetic.		ORDER 2—Circulatory.		ORDER 6—Generative.		ORDER 3—Suicide.	
Anæmia	1	Aneurism Aorta		Metritis		Cutting Throat	
Anasarca		Angina Pectoris		ORDER 7—Locomotory,		Gunshot	
Cancer	2	Endocarditis		Osseous.		Drowning	
Cancer—Bladder		Heart—Organic disease		Caries—Knee-Joint		Strangulation	
Cancer—Duodenum	1	Heart—Valvular Disease		Otitis		Poison—Opium	
Cancer—Liver	1	Heart—Fatty Degenerat'n		ORDER 8—Locomotory,		“ Arsenic	
Cancer—Ovary		Heart—Hypertrophy		Integumentary.		Ill Defined	
Cancer—Stomach	6	Pericarditis		Abscess—Pelvic		Unknown	
				“ Epigastric		Total Deaths	

WARDS.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Public Institutions.	Total.
Small Pox	1	...	...	...	1	1	3	...	...	...	...	...	...	...	5	...	...	...	22	33
Measles	...	1	...	2	2	2	1	1	...	1	2	1	2	4	...	2	...	...	...	...
Scarlatina	...	5	2	2	3	1	4	3	...	2	2	3	2	9	2	3	...	1	...	22
Diphtheria	...	...	3	4	1	2	2	5	1	...	1	1	2	8	5	4	1	1	...	44
Croup	...	...	...	1	2	1	...	1	...	...	...	...	...	1	...	...	1	1	...	41
Whooping Cough	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	1	8
Fever—Typhus	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
“ Typhoid	1	1	...	1	...	1	2	...	1	1	1	...	...	2	...	...	...	...	4	15
“ Cerebro-Spinal	...	2	...	1	...	1	4	...	3	1	...	1	1	1	...	...	1	...	...	16
“ Malarial	...	...	...	...	...	1	...	1	...	...	...	...	...	1	...	...	2	...	...	8
Diarrhœal Diseases	...	...	...	1	1	...	3	...	1	...	...	...	1	4	...	...	1	...	2	15
Other Zymotic Diseases	1	1	...	3	5	...	3	6	1	2	...	2	...	4	3	3	2	1	10	47
Totals	3	10	5	15	15	10	22	17	7	7	6	8	8	35	15	12	7	5	39	250
Phthisis Pulmonalis	...	4	3	...	8	6	5	6	1	2	6	3	6	6	4	4	2	4	6	76
Acute Lung Diseases	1	4	1	5	18	14	10	6	3	3	6	3	3	13	5	2	4	7	7	115

Wards	Popula- tion.	Density per Acre.	Deaths under 5 yrs. of age.	Total Deaths in Ward	Deaths in 1,000 of Popu't'n.	Wards	Popula- tion.	Density per Acre.	Deaths under 5 yrs. of age.	Total Deaths in Ward	Deaths in 1,000 of Popu't'n.
1	14,765	30.78	2	7	....	12	27,914	12.59	13	28	1.00
2	20,099	51.00	13	31	1.54	13	20,857	14.58	12	28	1.34
3	16,798	38.31	7	21	1.25	14	56,534	18.37	58	96	1.70
4	28,102	26.26	17	35	1.35	15	28,863	33.29	20	42	1.46
5	47,500	16.50	43	77	1.62	16	23,771	44.52	23	47	1.98
6	40,890	9.78	32	57	1.39	17	24,676	64.42	15	37	1.50
7	37,457	26.69	30	60	1.60	18	22,311	40.33	12	25	1.12
8	37,146	57.68	27	47	1.27	Public institutions...			23	75	....
9	17,477	60.35	9	21	1.20	By violence.....			1	36	....
10	15,754	60.61	13	28	1.71	Unknown.....			..	..	....
11	22,364	38.95	10	35	1.56	Total.....			—836		

AGES.							
Under 5 years	380	From 4 to 5 years	20	From 40 to 50 years	63	From 90 to 100 years	4
Under 1 year	221	“ 5 to 10 “	56	“ 50 to 60 “	55	100 years and upwards	...
From 1 to 2 years	59	“ 10 to 20 “	33	“ 60 to 70 “	36	Unknown	...
“ 2 to 3 years	47	“ 20 to 30 “	89	“ 70 to 80 “	23		
“ 3 to 4 years	34	“ 30 to 40 “	76	“ 80 to 90 “	15	Total	836

COMPARATIVE MONTHLY MORTALITY.—Feb., 1879, 533; Feb., 1880, 738; Jan., 1880, 976; Feb., 1881, 836.
Premature Births 12. Still Births 41. 1,661 deaths in 1,000. Annual rate per 1,000, 21.65

Chicago Medical Review

PUBLISHED ON THE FIFTH AND TWENTIETH OF THE MONTH.

E. C. DUDLEY, EDITOR.

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THE AMERICAN MEDICAL ASSOCIATION.

—A stranger visiting the United States and seeing the manœuvres of this body would undoubtedly be astonished to learn that it was intended to foster medical science. He would imagine that its chief object was to secure hospitality, as special endeavors were constantly made to make each meeting the recipient of more hospitality than the preceding. The stranger inquiring into the scientific work done at the Association, would find it quantitative rather than qualitative. A fair judgment of the state of American medicine could only be formed from the national special associations, like the Gynæcological, Neurological or Dermatological bodies, or from the county medical societies. When these bodies are represented by sections of the American Medical Association, their work is of the same dead-level nature as the Association itself. This state of things would amaze the stranger, and on inquiring into the cause he would find that the Association was rather the victim of mania errabunda than the patron of steady scientific work. The transition of this sociable body from its present state as an advertising agency for medical colleges, pharmaceutical manufacturers, medical publishing and instrument makers, to that of scientific medicine, would require a few changes.

I. A permanent abode. II. More and larger prizes. III. Some method by which the national societies of specialists should preserve their individuality and become individual factors of the Association. IV. A more efficient distribution of the committees. V. Discussion of papers should be published, if worthy of it. VI. Unworthy papers should not be permitted to be read at all, and very long ones only in abstract. VII. Publication of papers should be restricted to the transactions, the sepulchral transactions, where scientific contributions may soliloquise:

"We all must tread the path of fate,
And ever shapes the mortal urn,
Whose lot embarks us soon or late
On Charon's boat, ah! never to return."

HOMEOPATHY AND THE REGULAR PROFESSION.—The propriety of the present attitude of the profession toward homœopathy, is questioned by Dr. Fordyce Barker, in a recent speech before the New York Academy of Medicine. He condemns "the narrow antagonism of the regular profession toward homœopathy," and claims "that were the unreasonable exclusiveness and opposition withdrawn, homœopathy would soon sink to its proper level." There is no denying that the ostracism of the homœopaths has caused the public to look on them as liberals, persecuted by bigots, and

this has given to them the popular sympathy and support. Dr. Barker's proposition would, if adopted, at once alienate the "pure" from the "mixed" homœopathists, and ally the latter class with the medical profession. This would tend to destroy the practice of homœopathic specialists, who would not be preferred by their brethren before the broader specialist of the regular profession, and thus the moral force of the whole class would be impaired. The "pure" homœopathists still holding themselves aloof from scientific medicine, would then lose that support which they now enjoy from its quite general adoption on the part of their more intelligent colleagues. Then could pure homœopathy stand alone, when its followers might be able or might be honest, but could not be both.

DIPLOMA VENDING.—In this, history seems to have repeated itself, for the recent details of Buchanan's confession are fully paralleled in the Indiana Christian College of fifty years ago. This institution, like the parent Buchanan institution, was chartered for theological and philanthropical purposes. It had its agencies in other states, notably in New York City, where two regular physicians were disciplined by the County Medical Society for being concerned in the nefarious business. Buchanan in the extent of his operations went far beyond this prototype, for he sold twenty thousand diplomas in the United States, and forty thousand in Europe.

The principal agent in the European diploma-vending was a Reverend, one of the prominent "English Medical Reformers," and the kind of reform he wanted might be judged by his principal occupation. The whole business simply emphasises what was said in the last number of the Review, respecting medical education. Had there been a system of state examination entirely independent of the colleges, the need of a diploma would not have been so urgent, and diploma-vending would not have been so profitable a trade.

REGULATION OF MEDICAL PRACTICE IN INDIANA.—The Indiana legislature recently passed an act regulating the practice of medicine in that state, which may achieve some good, but is too limited to effect much. It provides that it shall be unlawful for any one to practice medicine in the state after June 1, 1882, without the qualifications mentioned. All physicians of good moral character, graduates of any reputable medical college shall have the right to practice in the state, as may all physicians who have practiced for ten years continuously preceding the passage of the act, or who have practiced three years and attended one full course of lectures, or who can furnish proof that they have practiced in the United States for twenty years. Physicians who may have these qualifications can obtain from the Circuit Court Clerk a license to practice. Any person violating these provisions may be fined not less than \$10 nor more than \$100 for the first offence. All questions touching the moral character of any physician, or the reputation of any medical college of which he or she may be a graduate, shall be decided by any of the courts of Indiana.

MALIGNANT ŒDEMA OF THE EYELIDS.—Dr. Breschemeir, of Orleans, (*La France Médicale*, Feb. 19, 1881,) recently reported the following case to the Paris Surgical Society: A man was admitted to Orleans hospital with malignant swelling of the eyelids. Breschemeir cauterized the eyelids with caustic potash and the thermo-cautery in addition. The day following the disease had made considerable progress. He then had recourse to interstitial injections of iodine at several points along the hardened œdematous portion, giving iodine internally at the same time. The day following, the improvement was very marked; the hard œdema began to disappear, and by the nineteenth the soft, also. There was some suppuration around the eschars but the patient could be considered out of danger, and rapidly recovered.

CONGENITAL INTER-AURICULAR AND INTER-VENTRICULAR COMMUNICATION without marked cyanosis, in a man aged fifty-seven, has been recently reported (*La France Médicale*, February 27, 1881,) by Geffrier. A patient, aged fifty-seven years, entered the Laennec hospital during November, 1880. He had been a hard drinker and complained of rheumatic pains. For twelve years previous the patient had been troubled with a sense of suffocation and cough, and at times dyspnœa; had been in several hospitals for what was there considered a mitral regurgitant. When admitted to the Laennec he suffered from slight dyspnœa and was slightly cyanotic; his lips were violet, his hands and feet cold and slightly violaceous; the rest of the skin was rather bronzed; the lower extremities were œdematous, the cardiac dullness was rather widely extended and the precordial impulse rather widely spread. On auscultation, presystolic and systolic murmurs, having their maximum intensity at the central location of the mitral murmurs, were heard. The diagnosis was therefore mitral insufficiency and stenosis. The patient died about three weeks after admission, and upon autopsy the heart seemed to fill the whole chest; the pericardium was much distended, and contained more than two pints of a serous fluid. The heart was filled with clots and weighed, exclusive of these, about two pounds and a half. The pulmonary artery was enormously dilated, the aorta was very small and masked by the pulmonary artery and its branches of bifurcation. The heart being opened at its point the mean thickness of the wall of the left ventricle was thirteen millimetres, that of the right sixteen. The capacity of the right ventricle was more than double that of the left. There were vegetations on the mitral valve but no stenosis of the mitral orifice. The left auricular appendix communicated with the right, there being scarcely any vestiges of the interauricular wall represented above and behind by a falciform fold not above one-third of an inch in size, and in front by

a little band from above downwards and from behind forwards, seeming to be a vestige of the ring of Vieussens and leaving an elliptical orifice between it and the anterior auricular wall. The interventricular septum stopped abruptly at the mitral and tricuspid fibrous zones. The tricuspid valve had but one normal valve, the others being represented by an irregular white nacreous fold implanted in the fibrous zone of the tricuspid orifice near which terminated the interventricular septum. The pulmonary artery easily admitted three fingers while the aorta would scarcely admit the end of the little finger, retaining this dimension till its bifurcation. The origin of this malformation had evidently been, first a stricture of the aorta consequent on an endocarditis coming on during the last months of intra-uterine life, at a time when the interventricular septum being fully developed the interauricular septum was still wanting; in consequence of the aortic stenosis, therefore the blood of the left heart was sent into the right, preventing the development of the inter-auricular septum; the same influence causing the hypertrophy of the right heart and the consequent dilation of the pulmonary artery. The two vena cava united in one vessel before the entrance into the right auricle, while the vena azygos emptied directly into the right auricle. The case is certainly a peculiar one, and the condition one that could scarcely have been diagnosed during life.

THE BISULPHIDES IN SCARLATINA AND DIPHTHERIA.—Dr. D. H. Sheffield, of Apple River, Illinois, in a recent communication, reports very favorable results from bisulphide of soda in scarlatina and diphtheria. The remedy is given in doses of seven grains and a half, internally, every hour, until an effect on the disease is produced. He claims that the remedy has a marked effect in cutting short the course of both these diseases. His mortality has been very light, and complications have been infrequent.

TRAINED NURSES OR SISTERS OF CHARITY.—This question is exciting some discussions in the French medical journals, more especially since the Paris council of surveillance of public charities voted to replace the members of the expelled congregation serving as nurses in the hospitals, by lay nurses. Drs. Desprès and Patain have protested against this action, claiming that the nurse likely to replace the sisters would look after her own interests more than those of the patient and that the lay nurse would be more likely to carry contagion to her family, while the sister of charity would die alone without infecting others, that the lay nurse would have more vacations than the sister, that the lay nurse would be more likely to steal the valuables than the sister, since the latter would scarcely know what to do with them. Finally that the lay sisters would be more costly.

The Progrès Médical endeavors to meet these arguments by saying that if the proper kind of nurses be secured they will be conscientious, that much of the sisters' time is taken up with religious duties, and that the time allowed for necessary vacation could not equal that allowed for "retreats." It admits the strength of the argument that the service would be more costly, but denies that there is more danger of the lay nurses carrying contagion. The question is one unlikely to arise in the United States and is interesting chiefly because of the fact that French medical profession is brought into relation to a political event at first, to all appearance, unlikely to affect them.

TREATMENT OF OTORRHŒA.—Brisson, in a recent inaugural thesis, claims to have obtained very good results from the following mixture: $\mathcal{R}$ Aquæ Destillatæ ζ iii, Chlorali Hydratis $\mathfrak{D}$ ii grs. viii, Aluminæ Sulphatis ζ i grs. xv. M. S. Drop four or five drops of the mixture several times a day into the ear. Treat any constitutional symptoms which may be present.

TRICHINOSIS IN THE FRENCH ACADEMY OF MEDICINE.—This body had a very animated discussion on the subject of trichinosis recently (L'Union Médicale, Feb. 14, 1881). Colin read a paper claiming that although trichinæ were found in herbivorous and carnivorous mammals, birds, reptiles, fish, and insects, they could only enter the human economy through the pig. He claimed, rather absurdly, that many cases of malarial gastric disturbance, colic, and diarrhœa, coming on after the ingestion of partly cooked pork, were symptoms of slight trichinosis (did they occur with any other viand, or at any time other than in the midst of a trichina scare, the same gentleman would have considered them all explained by the two words, indigestible food).

Davaine claimed that the trichina scare was largely baseless, claiming that pork was cooked sufficiently in France to destroy any trichinæ that might exist. He also called attention to the fact that over four million pounds of American pork had been consumed in France during 1880, from which not a single case of trichinosis had resulted. Vallin claimed that pork less than twelve pounds in weight should be cooked at least four hours. Chatin claimed that experiments had shown that neither pickling, smoking, nor cooking were sufficient to kill trichinæ, and said that pickled hams having been given to peacocks, several of these animals were taken ill, and on autopsy, living trichinæ were found in their intestines. Colin claimed that the hams in this case must have been very recently pickled. Jules Guerin did not approve of the grave measures of prohibition which had been taken, and which seemed to establish a cordon against American pork. These measures had injured great commercial interests without having as a justification anything approaching a certain scientific basis, and he believed the Academy should not approve these measures. After some general remarks by Le Roy de Méricourt and Colin the Academy then adjourned.

COTTAGE TREATMENT OF THE INSANE.—In his annual report, just issued, Dr. Geo. C. Catlett, Superintendent of the State Lunatic Asylum, No. 2, at St. Joseph, Missouri, speaks strongly in favor of the cottage or detached ward method of providing for the convalescent and chronic insane. After speaking of the fire of 1879, which rendered it necessary to temporarily provide elsewhere for the inmates of the asylum, and the need of further provision for the insane, he says: "In this connection it may be worthy of remark that the experience of providing for over one hundred excitable insane, in cottages and farm dwellings, for fourteen months, has established the expediency, in my judgment, and practicability of providing for all classes of the insane in less expensive dwellings than the modern asylum edifice. In consequence of the crowded condition of these temporary buildings, both male and female patients were kept out doors under the shade trees of the grassy yard and lawns, engaged in swinging, playing foot-ball, and other extemporized amusements, from early morning until late in the evening, whenever the weather would permit of it. Never, in a somewhat extended experience, both in civil and army hospital life, have I seen such marked beneficial effects, both physically and mentally, as was manifest in these irritable and enfeebled, excitable insane." He further says that he is becoming convinced that the present style of asylum construction is against the best interests of the insane, and unnecessarily expensive to the state, and that he is of the belief that the detached ward or cottage system, adjacent to a less expensive main building, for the treatment of acute cases, would be a great improvement over the at present almost universal plan of a great linear hospital. This would seem to be the first testimony from an American superintendent to the therapeutic advantages of the cottage system, and it is to Dr. Catlett's credit that he is able to draw this valuable lesson from an asylum conflagration. Recent events have amply demonstrated the

disadvantages of the linear plan, in other respects, and this is cumulative evidence as to the better way.

RECOVERY FROM ATHETOSIS.—Dr. McCall Anderson (*British Medical Journal*, Feb. 12, 1881) has recently had a boy of fourteen under observation, in whom paralysis set in a month before admission, affecting the right arm, leg and muscles of the chest, consciousness being at no time affected. Soon after the paralysis, athetosis began in the right hand and foot. There was a well marked apex systolic murmur present. After rest, regulation of bowels, and the use of massage, the patient was discharged quite well, the entire duration of his illness being but three months.

CEREBRAL SENSORY LOCALIZATION.—This subject has been examined in rather a slipshod way by Couty (*Progrès Médical*, March 5, 1881). He claims that his ablation of the occipital zone in the ape and dog has not been followed by any recognized disturbance of cutaneous sensibility. The sensory troubles observed had always coincided with motor disturbances, and have usually been more tardy in appearance and of shorter duration. The lesion of one hemisphere has been followed by doubtful results as regards the sense of smell. Examinations of hearing and taste, have furnished equally uncertain results. The sense of sight was more easily examined and in seven cases there was a very sensible diminution of sight. In five cases the lesion was seated in the anterior zone, and twice in the posterior zone. This diminution of vision was coincident with the motor disturbances and persisted after these had disappeared. The experiments are hardly pure enough to be of value either against or for any doctrine, and are cited as illustrations of the abundant faulty experiments with which this question is being cumbered. The French neurologists have been unusually prolific in this class of experiments whether for, or against localization.

ANÆSTHESIA.—Paul Bert has been making experiments with anæsthetics on the dog, mouse and sparrow, and claims to have arrived at remarkable results. The operative procedure were as follows: in the canula of a tracheotomised dog, he introduces a Y shaped tube, the branches of which are furnished with stop-cocks opening reversely; by one enters air containing a known quantity of the anæsthetic, by the other the products of expiration pass out. He has found that for animals of the same race, of any weight or strength, whatever, the portions of the anæsthetic to the air is always the same at the time of anæsthesia, and that death is produced when the proportion reaches a certain invariable figure. In other words, that the “maniable zone” in a given quantity of air is fixed. The dog requires one hundred litres of pure air and thirty-seven grammes of ether to cause anæsthesia, seventy-four grammes of ether being required to produce death; of chloroform, the proportions are fifteen grammes for anæsthesia, thirty grammes for death; bromide of ethyl requires twenty-two grammes for anæsthesia, forty-five for death; methylene requires thirty grammes for anæsthesia, forty-five grammes producing death; chloride of methyl in the proportions of twenty-one cubic centimetres of the gas to the hundred cubic centimetres of air will cause anæsthesia, while forty-two cubic centimetres will cause death. As anæsthesia is ordinarily produced by a compress or sponge soaked with the drug employed and there is no method of determining the amount given, it would therefore be better to have some certain means of determining the quantity given. A practical application of these circumstances might be made when the “maniable zone” for man is known.

THYMOL OINTMENT IN TINEA CAPITIS.—Drs. Wilton and J. Hincke, Bird (British Medical Journal, March 19, 1881), have been using thymol ointment it is claimed with great success, in the treatment of tinea capitis at the South Metropolitan schools,

EPIDEMIC OF MILIARY FEVER.—At the March meeting of the Paris Academy of Medicine, Dr. Richard (La France Médicale, March 3rd, 1881,) gave an account of an epidemic of miliary fever which raged in the island of Oleron, finding one hundred and forty victims out of a population of twenty thousand. The disease broke out in the beginning of July, 1880, and spread rapidly. The disease certainly was the so-called “sweat” of the Picards as shown by its sudden onset, rapid eruption, profuse perspiration, the enfeebled condition in which it left the patient, and the rapidity with which the dead decomposed. It suddenly ceased toward the end of July. The disease presented several peculiarities. It remained for some time confined to a small village, then suddenly burst out throughout the whole island. The disease proceeded from south to north, in a direction opposite to a wind then prevalent. The physicians who attended patients attacked by the disease were not affected. The disease did not spread beyond the island. Contact with the bodies of persons dying from the disease, and the emanations from them, were especially contagious. The treatment employed has been chiefly evacuant; ipecac in doses of twenty-two grains, three times in the course of the disease. Very good results were obtained from the use of cold baths; the temperature seldom extended to 105°. The disease in many respects resembled our relapsing fever, but seems to have been more fatal, and the relapsing character does not seem to have been so prominent.

INTERNATIONAL JOURNAL OF MEDICINE AND SURGERY.—This Journal originated by Dr. Achilles Rose and now under the control of an experienced and able editorial corps, composed of such well known physicians as Drs. N. Senn, Achilles Rose, H. A. Bunker, and J. Oberndorfer, is one of the most valuable of the weekly journals, forming as it does a species of weekly conspectus of American and foreign medical literature, likely to be of great use to the physician in general practice.

DIFFUSE SARCOMATA in a boy fourteen years old, were recently reported to the Dublin Pathological Society (British Medical Journal, March 12, 1881.) The patient had been admitted to the Richmond hospital a year previous, for a "lump" on the front of the tibia which was supposed to be a chronic abscess, but six months after, the limb was amputated because of the "lump" evidently being sarcomatous. Last November he was attacked by pneumonic symptoms, but which were recognized as due to sarcoma. The patient was attacked by a violent toothache, followed by the appearance of a tumor near the right temple. Pain in the stump, followed by a fullness about the great trochanter, made its appearance, and a tumor appeared in the epigastrium. The patient sank rapidly, dying January 21st. On the autopsy the left lung was collapsed, several pedunculated tumors being attached to it; still larger masses of new growth being found in the substance of the right lung itself. There was no recent pleurisy but old adhesions bound down the right lung. The falciform ligament of the liver was the seat of a similar neoplasm, but the organ itself, as also the kidneys, were free from disease. Neoplasms similar to those of the lungs were found in the pancreas; the femur was extensively implicated. The neoplasms were good examples of the round-celled and spindle-celled sarcomata.

TRANSFUSION INTO THE PERITONEAL CAVITY.—The peritoneal cavity is well known to possess great absorptive powers, but for many obvious reasons these have not been taken advantage of. Kaczorowsky however, has recently (Deutsche medicin. Wochenschrift, No. 46,) found that peritoneal transfusion, in cases of advanced anæmia from hysteria, puerperal fever, and other similar causes, has been attended with good results, without any disagreeable consequences. The puncture is made through the linea alba, and the fluid used, defibrinated blood, transfused through a glass funnel.

DEATH UNDER ETHIDENE?—Dr. H. Mouillot (British Medical Journal, March 12, 1881,) narrates a case of death under the use of this anæsthetic, which was administered for the purpose of drawing off pus from the right pleural cavity by means of a drainage tube. The patient was fairly under the influence of the anæsthetic and soon after being turned over on the left side, he began to manifest marked symptoms of heart failure and soon died. The influence of ethidene in causing death cannot be said to be at all clear in this case.

ELECTROLYSIS IN THE TREATMENT OF VASCULAR TUMORS is highly lauded by Dr. A. Nieder, especially on the lids. In Knapp's Archives, (March, 1881,) he quotes from illustrative cases. In two of them a tumor consisting of large veins exerted such a pressure on the upper eyelid that the eye could not be opened. In all instances a complete cure was effected without any untoward symptoms. He employed from four to six cells, (model of Spamer,) with a key to connect or interrupt immediately. The needles may be of steel, although a platinum needle is preferable for the positive electrode, to prevent oxidation and permanent staining of the punctured spot. Both needles are introduced into the tumor, and left in place for the space of 1 to 3 minutes, whereupon the site of the negative pole is charged according to the size of the growth. The bubbles of hydrogen arising at the negative needle may disturb the tissues, but are harmless; moreover they are readily dispelled by pressure. At each sitting a few punctures, not over five or six, were made, while the number of sittings varies according to the size and the location of the angioma. The immediate effect is hardening and shrinkage from coagulation of the blood. Some suppuration occurred, in all instances but one, which resulted in loss of substance or formation of unexpected cicatrization. Antiseptic aftertreatment was maintained.

ERGOTIN IN CHRONIC ECZEMA.—Dr. Lassar, (quoted in *International Journal of Medicine and Surgery*, March 10, 1881,) claims that there exists in patients afflicted with eczema, a morbid condition of the vaso-motor nerves, which results in frequent spasms of long duration, and against this he has used ergotin internally, with very good results. He has prescribed it for patients who had been under every form of treatment for a decade, with great success. Externally he chiefly relied on the oleum cadini, (1 to 10). The average length of the treatment of eczema had been much reduced since the internal use of ergotin.

RESECTION OF THE INTESTINE.—Koeberlé, in a paper read at a late meeting of the Paris Academy of Medicine, (*International Journal of Medicine and Surgery*), came to the conclusion that resection of two metres or more of the small intestines may be made without disturbing the digestive functions, to any extent, and that practiced under proper precautions the operation was perfectly justifiable, and may be followed by suture of the divided extremities, and closure of the abdominal wound by the establishment of an artificial anus, or, by incomplete suture and an artificial anus, that resection of fibrous stricture, and cicatrices will effect a permanent cure, but operations for malignant tumors can be but palliative; that the arrest of peristaltic action of the intestines is of advantage.

THE ST. GOTHARD TUNNEL EPIDEMIC from a sub-tropical nematoid worm, the *Anklyostomum duodonale*, has recently been made the subject of an article (*British Medical Journal*, March 12, 1881.) The symptoms of the disease are those of aggravated anæmia, the parasite causing frequent intestinal hæmorrhages, frequently causing pains in the abdomen. The ova of the parasite require to be hatched in water. The cause of the disease was not recognized before last spring, owing to the local authorities forbidding post mortem examinations.

TREATMENT OF BURNS.—Constantine Paul (*Gazette des Hôpitaux*, Feb. 26, 1881,) claims very good results in the treatment of burns by a saccharated lime liniment, which is prepared by the trituration of equal parts of sugar and lime; water enough being then added, drop by drop, to make the mixture very liquid. This mixture is filtered after forty-eight hours, and then evaporated to the consistency of a thick, clear syrup. This is thoroughly mixed with a liquid composed of one part glycerine and three parts oil. The wound is to be thickly smeared with the liniment, over which a layer of cotton should be placed.

THE "SLUDGE" FROM SEWAGE PURIFICATION.—One promising method of disposing of sewage is its collection in large tanks, where much of its objectionable matter is precipitated by lime and alum. It has been claimed for this method that the precipitate, which is called "sludge," would make a valuable fertilizer. Indeed it has been proposed to call it "native guano."

It is quite true that the "sludge" does contain nearly, or quite, all of the phosphoric acid which is present, but it fails to carry down with it the potassium and ammonium salts which lend to sewage its chief value as a fertilizer. Farmers in England will not remove the "sludge" for its manurial value, and at best only pay one to two shillings a ton for it. All hope, therefore, of having the "sludge" pay for the process of purification has been abandoned. Aside from this, however, the method of purification by precipitation has much to recommend it. The water, after such precipitation and a slight filtering through sand or charcoal, can be allowed to flow again into the creek or river, without producing any unpleasant results. Wherever the soil is clayey and inclined to be wet, precipitation promises better than irrigation to be the proper method of sewage purification.

DR. R. O. COWLING, editor of the *Louisville Medical News* died from rheumatic endocarditis.

SECONDARY SUTURE OF THE RADIAL NERVE has been performed by Langenbeck (Berlin. klinische Wochenschrift) in a case where the extensors of the arm and hand were paralysed after injuries, resulting in ecchymosis and abscess on the outside of the right arm. The opening and cicatrization of the latter produced no effect on the paralysis, whereupon two months and a half after the injury, Langenbeck made an incision into the seat of the injury and finding the ends of the nerve about two-thirds of an inch apart, brought them together by means of a catgut suture. The patient gradually regained control of the affected muscles.

A similar case has been recently reported by Ogston to the Aberdeen medical society (British Medical Journal, March 12, 1881,) of a girl twelve years old who had the ulnar nerve cut through. This had resulted in loss of sensation and motion, and atrophy of the muscles supplied by the nerve. On cutting down on the nerve a neuroma was found at the seat of injury, this was cut out and the ends united by suture; at the end of a week sensation returned, but though two months have elapsed the parts have not regained their motility.

GASTRIC HÆMORRHAGES IN PROGRESSIVE PARESIS—Krüg (Archiv für Psychiatrie, No. X,) calls attention to the gastric hæmorrhages which frequently complicate this disease. In his experience masses resembling coffee grounds are vomited, and in one case where an autopsy was made the stomach and intestines presented numerous ulcerations, and in another more advanced case the coffee ground vomiting was followed by a fatal peritonitis. Cases of this kind, Krüg remarks, should lead to caution in the use of the stomach pump. These hæmorrhagic infiltrations, more especially of the intestine, have been already noticed by Kiernan (Journal of Nervous and Mental Disease, Vol. VI,) who called attention to the complications produced by even a slight diarrhoea in such cases.

GYNOMANIA.—A correspondent of the New York Medical Record (March 19) calls by this name the mental condition of a man who found that he experienced sensations analogous to sexual enjoyment in wearing female attire. The case is not unique, but is closely analogous to those described by Westphal and Krafft-Ebing under the head of abnormal sexual perversions. One case closely allied to the case cited came under observation at the New York City Asylum, and had a decided history of hereditary degeneration. The case began with symptoms similar to those cited in the Record, but by the time the patient reached the asylum he had been arrested for abnormal sexual indulgences, and manifested much petulance and stupid delusions of grandeur and persecution.

JUGLANS NIGRA IN DIPHTHERIA.—Dr. C. R. S. Curtis, of Quincy, Ill., reports in the Boston Medical and Surgical Journal of March 10, the results of his trials of black walnut leaves in the treatment of diphtheria. He was led to employ them by reading of Néaton's success with the leaves and bark of the European walnut as a topical application in malignant pustule. Not having access to the European species, he substituted for it a strong decoction of the leaves of the native black walnut in a bad case of diphtheria, to be used as a gargle, and to his agreeable surprise, with very good effect. Since then he has used the remedy in about thirty cases, many of them bad ones, and all have recovered, a result he is inclined to attribute in great part to the walnut decoction. He has used the remedy in the form of a preventative, in spray with the atomizer, as well as in a gargle. Besides the leaves he employs the hulls of the green walnuts, which make the decoction still stronger, and he finds it not painful or especially disagreeable to his patients. The remedy is so readily accessible to most physicians that further reports may be expected as to its utility in diphtheria and allied troubles.

HEMIPLEGIA WITH NEGATIVE AUTOPSY. Vulpian has recently (*Revue de Médecine*, Jan., 1881,) reported a case in which, from the symptoms of left hemiplegia and left hemi-anæsthesia with affection of the special senses following upon a temporary loss of consciousness, he made the diagnosis of a lesion affecting the right cerebral peduncle. The patient recovered to a great extent, but died suddenly a year after, the only lesion found being slight cardiac hypertrophy, the myocardium being thickened and presenting a very marked dead leaf appearance. The arteries at the base were exceptionably healthy. The case, in many respects, resembles certain cases of hemiplegia and hemi-anæsthesia which are of temporary duration and come on after epilepsy. This case, however, lasted nearly three months only recovering after the use of faradisation and strychnine. In its long duration the case is similar to the acute forms of insanity where no lesions are found on death, except such as are secondary in character. The case proves, if it proves anything, that temporary blood pressure changes may produce grave symptoms of rather long duration.

A NEEDLE FOURTEEN DAYS IN THE PERICARDIUM of a child, seven months old, was recently reported (*British Medical Journal*, March 12, 1881.) It had made its way into the body in an unknown manner, and produced great irritation and hardness of the left side of the body. The child died suddenly, and on the autopsy the needle, a common sewing one, whose existence had not been suspected, was found to have pierced the pericardium and to be imbedded in the lower part of the heart. Further details are not given, and the case is not entirely unprecedented, for a much more remarkable case of similar tenor is on record, in which a needle was imbedded in the pericardium for a number of years, and the heart accommodated itself to the pressure of the foreign body, few unusual symptoms being noticeable except violent neuralgic pains after great exertion.

GOITRE IN THE FEMALE is traced by Dr. Edward W. Jenks, of Chicago, (*American Journal of Obstetrics*, Jan., 1881,) to the influence of pregnancy and female uterine disorders. He concludes that only functional conditions are produced by the latter, while pregnancy may cause structural changes. It is difficult to ascertain what is the basis for this latter opinion, since the only case cited by him has such a dubious etiological history and the pregnancy so long antedated the autopsy, that it does not warrant the conclusion drawn from it. That all the changes found were in all probability secondary there can be but little doubt, and these secondary changes are likely to occur also in conditions other than pregnancy. Since these changes occur under derangement of the sympathetic nervous system there may be some coexistent neurosis which escapes attention in many of the cases.

PICROTOXIN AND CINCHONIDIA AS CAUSES OF EPILEPSY.—Drs. Chirone and Testa (*British Medical Journal*, Feb. 12, 1881,) have come to the following conclusions respecting the influence of these drugs: First, that picrotoxin is capable of producing a true epilepsy. Second, that this epilepsy is independent of the psycho-motor center, being more intense after the removal. Third, picrotoxin acts first on the medulla oblongata and on the commissural fibers between the brain and spinal cord, then on the spinal centers themselves, showing therefore a functional antagonism between the psycho-motor centers and the motor centers of the medulla oblongata and spinal cord. Fourth, the convulsive movements of the limbs, produced by picrotoxin, are due in the first place to its action on the medulla oblongata; this action is propagated to the spinal cord. Fifth, in the frog the influence on the spinal cord is most marked; in the higher animals the cerebral motor centers are more affected. Sixth, cinchonidia is capable of producing cortical epilepsy; picrotoxin, epilepsy of spinal origin.

NEPHRECTOMY has recently been performed by Loasen, of Heidelberg (*Deutsche Zeitschrift für Chirurgie*) on a woman three months pregnant. The patient was thirty-seven years old, and was the mother of eight children, and complained of the existence of a tumor on the right side of the abdomen, which had reached a large size in a year; it was round, about as big as an infant's head, of firm consistency and mobile about the median line. The urine was normal in quantity and color, and a diagnosis of tumor of the right ovary was made. After incision of the linea alba below the umbilicus, the tumor was found to be attached to the right kidney, of a bluish color and covered with enlarged veins. The kidney was removed under Listerism; the patient soon became convalescent, returning to her house about the end of the tenth week. The patient aborted four days after the operation, owing, according to Loasen, to the slipping of the provisional ligature of the pedicle of the tumor and the compression of the aorta necessary to restrain the hæmorrhage consequent on this.

RESORCIN IN CHOLERA INFANTUM.—Totenhoffer (*Breslauer aerztliche Zeitschrift*, No. 24,) claims this substance does not act like carbolic acid as an irritant, or lead to collapse. He finds that it diminishes vomiting and diarrhœa and restores the function of the stomach. The commencing dose should be one and a half grains in some slightly bitter menstruum. Recovery under its use usually occurs within a week. The mortality of cholera infantum under treatment by it has been but fifteen per cent.

SLOW PULSE during the puerperium is produced, according to Olshausen (*Centralblatt für Gynäkologie*, Feb. 5, 1881,) by the presence of the destruction products of the uterus, more especially the fat, in the blood. The evidence he gives of this theory is exceedingly scanty, his analysis of blood and urine being negative in character as were also his experiments.

HEPATIC CIRRHOSIS IN THE NEW BORN.—D'Espiné, (*Gazette Médicale*), has had under observation a new born male, which was markedly icteric, and died after a few days, in convulsions. The autopsy revealed a much enlarged liver in the initial stage of diffuse interstitial hepatitis, originating in an inflammation of the bile ducts.

CURE OF LOCOMOTOR ATAXIA.—At the last meeting of the New York Academy of Medicine, Dr. W. J. Morton claimed to have cured a case of locomotor ataxia by seven applications of static electricity. The case was said to have been a well marked one. Benedict of Vienna at one time fell into considerable discredit by claiming to cure locomotor ataxia, ignoring as he did the remissions which sometimes occur in this disease. Morton's case may admit of a similar explanation, and until it is demonstrated that the alleged cure was not a remission the profession will be justified in being skeptical respecting it.

NEPHRITIS IN CHRONIC PHTHISIS.—According to Ganché (*Journal de Médecine*, March, 1881,) this complication is found in one in every five cases of chronic phthisis, but its progress is so insidious that to be recognized the urine must be very frequently examined. Facial or palpebral œdema might put the observer on his guard, but these are often lacking. Symptoms of great diagnostic value are found in the absence of night sweats and the dryness of the skin. This complication tends to increase the already chronic phthisis, and its recognition would therefore seem to be of little value, Ganché however claims that the nephritic complication renders certain therapeutic measures, like the use of opium, rather dangerous, and is therefore necessary. In this complication, tonics, like the perchloride of iron, conjoined with a milk diet, are especially indicated, but all that can be claimed for this mode of treatment is that it palliates the nephritis without aggravating the phthisis.

THERAPEUTIC HINTS FROM ARRESTED OR PERVERTED PHYSIOLOGICAL PROCESSES.—Dr. J. A. McCorkle (Proceedings Medical Society of Kings County, March, 1881,) has recently attempted, in an interesting paper, to derive from the retrograde tissue metamorphoses indications as to treatment. Thus according to the paper, as the blood in some cases of severe typhoid fever is excessively ammoniacal, and for this reason ammonia salts are contra-indicated; and in case of a wound over which urine flowed, since there was a tendency to the decomposition of urea and formation of an ammonium compound which would have a great affinity for the carbonic acid or the fatty acids of the tissues, an agent should be used which was non-irritating, either by itself or in the chemical compound formed with the ammonium, and which had a stronger affinity for ammonium than had the acids of the tissues. In such cases, he claimed benzoin or boracic acids were indicated.

SCIATICA A PREMONITORY SYMPTOM OF LOCOMOTOR ATAXIA.—Germain See (Journal de Médecine, Feb., 1881,) has recently encountered a case in which the only symptom of oncoming locomotor ataxia was an obstinate sciatica; the fulgorant pains being evidently localized there. The case subsequently developed the gastric crisis, the visual disturbances, and the other symptoms of locomotor ataxia. The sciatica finally was much improved by the use of salicylate of soda, which See claims has a marked beneficial influence on the pains of locomotor ataxia. The beneficial effect is said to be due to the analgesic influence of the remedy.

SULPHATE OF OXYGEN.—That any first course medical student should name such a compound as this would be enough to provoke the ridicule of his companions, but what shall be said when a medical journal like the New York Medical Record mentions this as one of the means of stimulation used in the case of the Czar?

MULTIPLE LIPOMATA.—Dr. J. Llewellyn Trelearne reports a case (British Medical Journal, March 12, 1881,) of a man sixty-six years of age who had over two hundred lipomata scattered over the body. The lipomata originated about eight years before, and the patient suffered no inconvenience from their presence.

INTERMITTENT SWELLING OF THE JOINTS has been reported by Kolbe, of Reinerz, (Deutsche medicinische Wochenschrift, '81,) in the case of an hysterical female patient of neuropathic antecedents. The swelling was excited by traumatic causes and was confined to the left knee. Various forms of treatment were alternately successful in fully removing the swelling, it appearing and disappearing during eleven days on every occasion. There was evidently a strong hysterical element in the case, as was shown by the fact that when the patient, had lost reckoning of the time when the swelling was to be expected, it failed to appear in consequence.

MIXED DELIRIUM IN AN EPILEPTIC.—A case was recently reported by Magnan (Archives de Neurologie, No. 2, 1880,) of a patient who presented, according to that observer, epileptic insanity, acute alcoholism and impulsive melancholia, conjoined. The patient's mother died a melancholiac, the father was an alcoholic and a melancholiac, one brother is an epileptic and another is an alcoholic and subject to frequent vertigo. Magnan claims that the patient's epilepsy was due to his father's alcoholism, that the melancholia was inherited from the mother, and finally that the symptoms of acute alcoholism were due to the patient's having for many years been an alcoholic. There is evidently too much stress laid upon the specific elements of heredity, as the depressing character of the patient's insanity, together with the hallucinations which lead to the diagnosis of acute alcoholism, might all occur in an epileptic who inherited a neuropathic diathesis.

LOCAL.

CHICAGO MEDICAL COLLEGE.

The twenty-second commencement exercises of the Chicago Medical College, which constitutes the medical department of the Northwestern University, were held on March 29, at the Central Music Hall.

On the platform was seated the dean of the college, Dr. N. S. Davis, surrounded by his associates of the medical faculty.

The exercises were opened with music, and with prayer by the Rev. F. W. Fisk. Dr. W. E. Quine then reading the following report:

"The twenty-second annual session of the Chicago Medical College consisted of clinical and didactic instruction imparted by lectures, laboratory exercises, beside demonstrations and special lessons, addressed to individual members of the class, and has extended through a period of twenty-six weeks. The number of didactic lectures delivered during this time was 1,248; the number of laboratory exercises, 168; the number of general demonstrations in practical anatomy, 168; the number of general clinical lectures, 168; the number of special lessons in clinical medicine, comprehending personal drill in the use of all instruments of precision employed in diagnosing and treating disease, 888; making a total of 2,688 hourly lessons and lectures. The supply of the ordinary means of illustration, including anatomical material, far exceeded the necessities, while the clinical resources of the institution were well-nigh inexhaustible. The Mercy hospital, which is contiguous to the college building and under the medical control of the faculty, has had, for some years back, not less than one hundred and fifty sick inmates at any time, available for purposes of clinical instruction; while the South side dispensary, which is located in the college building, affords students opportunities for examining personally, and studying under the guidance of experienced instructors,

thousands of cases annually, of the most varied forms of disease and injury.

The whole number of gentlemen under instruction during the year—inclusive of 39 practitioners who attended the course especially arranged for them—was 191. The membership of the present junior class is 47; of the middle class, 43, and of the senior class, 62. In the regular examinations 20 per cent. of the juniors fail to reach the middle class, and 20 per cent. of the middle students fail to reach the senior class. A few of these recover lost ground, so as to go on with the classes during the following session, but about 30 per cent. of those who enter the struggle for a diploma fall by the wayside. At present about 30 per cent. of the gentlemen in the class possess certificates of literary qualifications."

Dr. N. S. Davis, dean of the college, then conferred the degree of doctor in medicine.

Dr. Davis, in delivering

THE ADDRESS TO THE CLASS,

said that its members had arrived at the most critical period in their lives. They were leaving the systematic college life for the freedom of private life, and it was absolutely essential that they should continue to keep up their studies and make progress in their reading. Most especially would he impress upon them the great value of acquiring and maintaining high personal character. Called as they would be, to the bedside and homes of patients, with every detail of whose physical, mental, and domestic life they would be made familiar, the first absolute requirement for their success in life was a standard of the highest possible moral purity, for they might depend upon it that no college cap could long conceal unworthiness, nor could any academic gown, long cloak vice, ignorance, or frivolity.

Dr. E. W. Andrews, a son of Dr. Edmund Andrews, made

THE RESPONSE FOR THE CLASS,

delivering an appropriate speech in a style which won for him general approval.

With the valedictory address, by Prof. J. H. Hollister, and some more music, the exercises were brought to a close.

The annual meeting of the Alumni association of the college was held in the evening, in the club-room of the Tremont house. The usual reports of officers were presented.

The officers elected were: President, Dr. D. A. K. Steele; vice-presidents, Dr. Frank Kimball and Dr. Frank Billings; secretary and treasurer, Dr. H. T. Byford; necrologist, Dr. F. E. Waxham.

Following this meeting the faculty of the college gave a banquet to the alumni in the large dining-room of the hotel, which was well filled with doctors. The usual toasts followed the repast, with Dr. J. M. Hutchinson as toast-master. He first introduced to the banqueters the venerable dean of the faculty, Dr. N. S. Davis, who, in a felicitous speech, welcomed the alumni to the feast, and the new graduates to the duties, pleasures, and responsibilities of the profession on which they were entering. He especially urged upon them to cultivate the friendship of their fellow-members of the profession in the towns in which they should happen to locate. He endeavored to impress upon them the importance of forming associations of physicians, for mutual intercourse and professional benefit, and, in every possible way, to elevate the character of the profession.

The other toasts were: "The Old Boy," responded to by Dr. J. E. Link, of the class of '65; "Reminiscences of a Ten-Year-Old Graduate," by Dr. C. W. Earle, of the class of '70; "The Badger as a Practitioner," by Dr. Clark Gapen, of the class of '74; "The Last Cathartic," by Dr. J. A. Fordyce, of the class of '81.

THE WEST CHICAGO MEDICAL SOCIETY

met at the Washingtonian Home, Monday evening, March 28, 1881, at 8 o'clock. Dr. B. C. Gudden reported a case of aortic aneurism and one of endo-arteritis, and there was a discussion on the papers read at the last meeting.

CONTRIBUTIONS.

RECOVERY FROM PERITONEAL PERFORATION.

BY J. N. PASCOE, M. D., CHICAGO, ILL.

I was called about a month ago to a well marked typical case of general idiopathic peritonitis, in a boy thirteen years old. The usual doses of opiates had been given, but the pain and fever continued to increase until the patient became wildly delirious. An ice-cap was applied to the head to control the delirium and lower the temperature; a linseed meal poultice was applied to the abdomen, and morphia sulph. .015, spts. chloroformi, .48, aquæ 4.00, was given hourly until the physiological effects of the drug were produced. The respirations were brought down to nine per minute by the second day. The dose was then graded so as to keep the respirations at twelve per minute. Under this treatment the patient rested much easier, and was otherwise improved, the pulse falling from 130 per minute down to 100, and the temperature falling from 41° C. to 39.5° C.

The treatment given above was employed throughout the course of the attack with the utmost satisfactory results. The spts. chloroformi in the prescription caused the irritable stomach to retain the drug, when an aqueous solution of morphia alone would have been immediately rejected. The crisis was passed on the seventh day. At the end of the third week the patient had a spontaneous movements of the bowels (the first movement since the attack). The next day a diarrhoea set in, which was easily controlled by R̄ tinct. opii camph. 48.00, acidi sulph. 0.50, syrup simp. 16.00, S.D. 3 j pro re nata. The patient was convalescing nicely, but being very weak and emaciated, was put on tonics and good nourishing diet. At the end of a month he was able to sit up, and soon made a good recovery, having a better appetite and gaining more flesh than he had before the attack. The patient was warned against the danger of inducing another attack of peritonitis by severe exercise.

The young man faithfully refrained from the active games in which his companions indulged during the summer and autumn, but felt strong and hearty and engaged in an exciting game of foot-ball early in December. The next day he presented symptoms of localized peritonitis in the right inguinal region. The disease gradually became general. On the third day of the attack, catheterization became necessary to re-

lieve the retention of urine. The kidneys became torpid, probably by reason of the full doses of morphia, but good, free action was induced by potass. acet. and fl. ext. digitalis. The peritonitis was kept under control by the same treatment employed in the previous attack. At the end of the second week the symptoms were encouraging, but there was considerable symmetrical distention of the abdomen. Palpation and percussion showed the distention to be due to an accumulation of fluid. Although the peritoneal inflammation and symptomatic fever steadily declined day by day, still the abdominal distention gradually increased. The patient was ordered: potass. acet. .60, potass. iod. .30, fl. ext. digitalis .18, three times daily, to act as an absorbant and eliminative. This treatment kept up for several days relieved the distention. In this, as in the preceding attack, the tongue and the mucous membrane of the mouth became highly inflamed and covered with ulcerated patches. The parts were so exquisitely sensitive that only the blandest liquids could be tolerated. This condition was relieved by potass. chloras and astringent washes. On Dec. 25th a little brandy was added to the tonic course upon which the patient had been placed. The first dose produced rather an unexpected result. The patient broke out into a profuse perspiration, during which the temperature fell from 38.5° C. to normal, the pulse from 95 per minute down to 80, and the patient passed urine spontaneously for the first time since the third day of the attack. The temperature remained normal with a few temporary variations thereafter. The bowels moved spontaneously on the 26th; the patient's appetite and strength gradually improved from day to day, but the distended abdomen remained in statu quo. A small circumscribed red spot about the size of a silver quarter made its appearance in the right inguinal region opposite the ileo-cæcal valve, indicating the pointing of an abscess. The parts were kept well poulticed. There was a spontaneous rupture of the abscess on Jan. 8th, '81. When the abscess opened the discharge of sero-purulent fluid was so profuse that it had to be ladled away with a table-spoon. Eighty ounces were discharged the first day; six ounces per diem for the next four or five days. After that the daily discharge gradually lessened until it entirely ceased, and the orifice in the abdomen closed early in March.

The patient was given liberal doses of

quinia both before and after the abscess ruptured, and at no time showed any symptoms of pyæmia, except a slight chill or two a day before it discharged.

The pus in the discharged fluid seemed to come from a sub-peritoneal abscess, the serum from the abdominal cavity. Passing the hand over the body from the epigastric region to the orifice in the abdomen, would produce the evacuation of clear pus; passing it from the left side to the orifice would produce the evacuation of intermingled pus and serum, closely resembling milk in appearance. Pressing from below upwards, clear serum was obtained. A probe could be passed through into the abdominal cavity, revealing an exquisite sensitiveness of the internal structures. The intestinal canal seemed to be intact, as there were no signs of fæcal matter in the sero-purulent discharges, and a natural movement each day. As already intimated, the patient made a good recovery, and at the present writing (March 1) is walking around.

BLOODY VIRUS.

BY G. C. WILLIS, M. D.,

134 W. 123RD ST., NEW YORK.

Pursuant to a desire on the part of Dr. J. R. Kewley, of Chicago, to learn the experience of other medical men respecting vaccine virus and its purity, I most emphatically assert that I have used large numbers of ivory points charged with bovine virus, which to my positive knowledge, contained blood and pus corpuscles, and that no bad symptoms followed their use. A priori I could see no harm accruing from the application of a few blood or pus corpuscles, in good condition, to an abraded cuticle, and clinical experience has confirmed my impression.

The disease induced by the use of this virus has run a typical course. Now and then, about the ninth day, there would be, in some cases, a rather more extensive areola, with a feeling of discomfort in the axilla, and slight tumefaction of the glands; conditions, all of which have resulted, in other cases, from the use of solid bovine lymph, beautifully transparent and the color of amber.

With all due deference to Dr. Kewley's judgment in discarding points which have a few red blood corpuscles thereon, I, myself, fail to see any necessity for so doing, and therefore use, with impunity, the most sanguinary looking, which, thus far, have

been quite unproductive of any mischief whatever. Were I to be vaccinated I should infinitely prefer to have one of those "suspicious looking points," as he terms them, devoted to me, exclusively, rather than he should use the most innocent which had, previously, been employed, on one side, for the vaccination of another person. I cannot see how the most careful manipulations, during the process, could prevent some of the anatomical elements of the first patient's blood from getting on my side of the point, which, for obvious reasons, would be very undesirable.

If his custom of using one point for two persons has been brought about by a desire to observe the course of vaccinia in a number of people vaccinated with the same virus, rather than economy, might it not be better to obtain several points charged from one bovine vesicle; and, by using one point for each individual, would not the results be more reliable?

In my estimation there is no certain evidence to prove that the virus caused the "untoward symptoms," in the doctor's cases. The mere fact of vaccinia running the same bad course in two persons vaccinated with one point does not prove the virus to be faulty. It seems to me, since there are several other sources which undoubtedly contribute to render the disease, sometimes, atypical, that many members of the profession, as well as the laity, are a little too ready to ascribe any departure from the normal course of the disease to "bad virus."

Some time back a medical friend, in this city, vaccinated a child with vaccine obtained from the Board of Health. Under the combined irritation of scratching and filth the pock was converted into an ulcer, rather larger than a silver dollar. The swelling of the arm was considerable; and the axillary glands were enlarged and indurated. I feel pretty certain that the virus was not provocative of these bad symptoms; for another child, in better circumstances, vaccinated with the duplicate half quill, did well.

That it is quite possible for the point to possess elements essential to the production of septicæmia, erysipelas, etc., is beyond all cavil; for as the quill or ivory slip is the recipient of vaccinia germs, so may it receive and hold thereon, those of other diseases. If, instead of being taken care of, the points were strewn about the wards of a hospital, wherein there were cases of erysipelas, or pyæmia, the germs of these diseases might

alight upon some of them; but that the affected ones could be discovered by any eye, however accomplished in such matters, I am very much disposed to doubt.

In conclusion, I will remark, that Lister has shown what can be done with an abscess or wound by allowing only an antiseptic atmosphere to reach it; and Tyndall, that infusion of beef tea may be kept exposed to filtered air for months without undergoing putrefactive changes. These things teach me to look oftener away from the virus than to it, for explanation of phenomena connected with vaccination.

NEW ANÆSTHETIC SURGICAL MIXTURE.—

Chloroform has been accused of producing respiratory paralysis, and Dr. Wachsmuth (*Le Courrier Médicale*) claims that this can be avoided by causing the patient to inhale a mixture of chloroform and rectified essence of turpentine, in the proportion of one to five. Frank, of Olmutz, has tried this mixture in ten cases and found that it worked well. Anæsthesia was rapidly produced, easily obtained, and was not followed by any disagreeable symptoms.

OPERATIVE RELIEF FOR GASTRIC CARCINOMA—Billroth having successfully removed a greater portion of the large curvature of the stomach, including a cancerous mass, giving complete relief to the patient, has now attempted the same operation on a second case. As there were considerable adhesions between the neoplasm and neighboring organs, the out-look is not as favorable; at present, however, the patient appears to be doing well.

NERVE STRETCHING.—Paul Bert (*Le Progrès Médical*, March 5, 1881,) raises the question, whether this operation in the case of spinal nerves affects the nerves themselves or the spinal cord. He claims that the cord itself is affected and that this shown by the following experiment. If a mixed nerve be destroyed by any means, the phenomena first produced are the last to appear in nerve stretching.

CORRESPONDENCE.

NEW YORK LETTER.

NEW YORK, March 20, 1881.

During the past week the commencement exercises of the Medical Department of the University of the city of New York and of Bellevue Medical College have been held. The former conferred diplomas upon one hundred and ninety-nine, the latter upon one hundred and eighteen students. A large majority of these graduates have spent less than two years in the study of medicine. In consideration of this fact the comments of the daily press upon the low standard of medical education in this country acquire the unpleasant feature of truth. At both commencements and at the alumni dinners which followed, it was very noticeable that speakers avoided the subject of education, though they did not hesitate to predict for the graduates long and weary waiting for patients. The evident connection between a competent training and future success, and the necessary causal relation of the one to the other, seem to be very obscurely perceived by those who lay great stress upon "experience in practice." Thorough clinical instruction, such as could readily be given in any one of our large hospitals, would supply an invaluable "experience" to every student. If its importance were only made evident and attendance upon clinics enforced, a step would be taken in the direction of thorough and careful preparation for professional work. Some such steps are evidently needed at present, but those who should initiate them are still lacking. The appearance of typhus fever in this city has given rise to no small amount of anxiety. Since 1874 the efforts of the Board of Health have been successful in preventing its entrance from abroad to any extent, and last year there were but three deaths from typhus reported to the authorities. Within the past week, however, thirty-six cases have been discovered and removed to the Fever hospital upon Blackwell's Island. Most of these cases have been successfully traced and the source of infection is now known to the health authorities. The centre has been a lodging house in one of the tenement districts, where several hundred men from the lowest classes sleep nightly. This building, formerly a church, was fitted up as a lodging house for tramps two or three years ago. Around its sides tiers of bunks are built, and any one

can secure a lodging and a simple breakfast for five cents, or, if they are too poor to pay, they are allowed to remain on condition that they will split a given amount of wood before leaving. This house, supported partly by a charitable association has been kept as well as such a place can be. But every night during the winter it has been crowded to its utmost capacity by a ragged, dirty set of men, many of whom were newly landed emigrants. It is not surprising that such a place should become a centre of disease. Whether the present epidemic is due to the importation of typhus fever from abroad, as is very probable, since it has been prevalent this winter in Liverpool and Hamburg, from which ports most of our immigrants come; or whether it has originated directly from the filth of this lodging house is uncertain. Most if the cases have been males who at some time during the past three weeks have slept at this lodging house, so there is no doubt as to its being the centre from which the disease has spread. A large number of these cases have been admitted to Bellevue hospital and have there developed the symptoms of the disease. It does not seem to be of a severe type. The patients complain of headache, pains in the bones, irregular chills, or chilly sensations, accompanied by great prostration and fever. There are no gastric or abdominal symptoms, though in a few cases there is great disinclination to take any food. The dusky color and dull expression of the face, the persistent high temperature, which ranges from $103\frac{1}{2}^{\circ}$ to 105° , and the appearance of the petechial eruption upon the side of the abdomen, which will not fade under pressure and remains for several days, makes the diagnosis unmistakable in most cases. Many of the patients do not appear to suffer greatly, and the feeling of extreme weakness seems to give more discomfort than any other symptom, though in a few cases the headache accompanied by delirium at night has been a noticeable feature of the disease. As the cases are removed as soon as the diagnosis is made it is impossible to give an account of more than the early symptoms. Reports from the Fever hospital, however, indicate that the epidemic is a mild one, but few of the cases having been fatal. In two cases which have died in Bellevue the autopsy made by Dr. Janeway has confirmed the diagnosis. The treatment is confined to nourishing the patients and meeting the various symptoms as they arise. The question of preventing

the further spread of the disease has been a difficult one for the health authorities to decide. If the lodging house were to be shut up those who frequent it and who may be already infected would be distributed through other lodging houses of the city and thus communicate the disease to many. The health authorities have therefore decided to fumigate the house daily, but to keep it open at night and allow only the regular customers to enter. These men are examined by an inspector daily, and any who show symptoms of illness are at once sent to a reception hospital and detained until the nature of their sickness is evident. In this way it is hoped that the progress of the epidemic may be to some degree arrested. It is expected however that many cases will develop which could in no way be prevented, and an experience of more or less severity is looked for. The authorities are using every means in their power to combat the disease, for the prospect of a general outbreak in neighboring cities to which it is certain to be carried from here, is appalling.

One of the factors in the causation of typhus, as well as of many other diseases, especially diphtheria and typhoid fever, which have been very prevalent in New York during the present winter, is the filth which has accumulated in the streets. The unusual falls of snow and the usual incompetency of our street cleaning commission have combined to produce a result which is a standing disgrace to the city. Through the efforts of the Academy of Medicine attention has been repeatedly called to the influence of this street dirt on the spread of disease. Last night the general indignation culminated in a large meeting of influential citizens, among whom many distinguished members of the profession were present. Speeches were delivered by Drs. Loomis, Roosa, and others, and the resolutions adopted by the Academy of Medicine condemning the condition of the streets were read and approved. Some wholesome scientific facts were brought to the attention of the public in a way which cannot fail to make an impression. As a result of the meeting a standing committee was appointed to enforce existing laws and secure some change in the method of performing the work. As the committee consists of men who are in earnest, and are well informed in the facts of hygienic science, there is a prospect that one of the causes of our very high death-rate may be removed.

Medical men too often prefer to hold aloof from any popular movement, lest it should be said that they were seeking popularity. The Academy of Medicine by acting as a body and appointing able members to speak for the whole profession have taken a most wise and commendable step. The prevention of disease is the problem of the profession, and any attempt at its solution must receive the support of the public before they can succeed. It is the good fortune of the Academy to hold such a position in this city that any suggestions coming with its approval will be regarded with respect and acted upon. The wisdom of its action in the present instance has been commended on all sides. And if we succeed in securing a clean and healthful city not a little of the credit will be due to the efforts of members of the Academy of Medicine.

NOTES OF TREATMENT.

The routine treatment for acute articular rheumatism pursued in Bellevue hospital at present is salicylate of soda in twenty grain doses given every two hours, until the pain has subsided to some considerable degree. The drug is then continued in the same dose, but with gradually decreasing frequency, until the patient no longer complains of pain. In a certain proportion of cases however the administration of the drug is followed by the onset of delirium, so violent that it becomes necessary to stop its use. In these cases and in others where deafness, tinnitus aurium, or headache are produced by it, the use of bromide of sodium or lithium has been found to alleviate the unpleasant symptoms. If doses of twenty grains of bromide of lithium are given with every alternate dose of the salicylate of soda the delirium and headache will disappear in many cases. The use of the bromide does not seem to interfere in any way with the effect of the salicylate. The bromide of lithium is of more service than either that of sodium or potassium for this purpose.

A number of cases of idiopathic erysipelas of the face have recently been seen in the hospital, a special tent having been erected for their accommodation. The treatment has been both local and general. The use of lead and opium wash applied upon a piece of lint in the form of a mask has been of evident service in some cases, being agreeable to the patient, and relieving the heat and irritation of the surface. In one case the compound tincture of benzoin

painted thickly over the swollen and œdematous tissues gave great relief to the patient (as in fact any means of protection from the air will do), and in addition, seemed to reduce the swelling and infiltration of the tissues more rapidly than any other application. It was applied three times daily, and in the course of twenty-four hours the swelling had almost entirely subsided. The practice formerly in use of coating the face with collodion has been abandoned as useless and harmful, the stiff edges of the broken coat often cutting the tender skin beneath. The general treatment consists in the use of tinctura ferri chloridi in large doses frequently repeated; and in the administration of whiskey in accordance with the indications furnished by the pulse. Where the temperature is high at night single antipyretic doses of quinine are employed with advantage, the continuance of a high temperature being apt to exhaust the strength of the patient very rapidly, and retard tard recovery, if it has no more unfavorable result. Under these methods of treatment no fatal case has yet occurred, the complication of meningitis being of rare occurrence in the hospital cases. S.

LETTER FROM RACINE.

RACINE, Feb. 27, 1881.

DIPHThERIA AND ERYSIPELAS.

Like most of the towns and cities of the great North-West, Racine has had its full quota of diphtheria and diphtheritic croup. During the past four months about fifty little ones, between the ages of two and twelve, have died of the disease. Not as great a mortality perhaps as will mark some sections, but surely enough to fill the hearts of anxious parents with dread. (Racine has a population of 17,000).

Most of the cases that have come under my own observation have been ushered in with a well marked chill, and in some it has been very severe, lasting from half an hour to an hour, and there has been severe pain in the head, particularly the back part, neck, back, hips and limbs. The fever following the chill has generally been of a high grade, the temperature often reaching 150 degrees. The throat has not shown signs of trouble until after twelve hours, in the majority of cases, though in a few it appears at the very beginning. Some patients did not know that they had any exudation in the throat, nor did they even complain of pain or soreness for the first days of the disease.

Early in November, a boy fifteen years of age got upon the platform of a railroad car to ride from one city depot to another, and by some accident fell off, and partially under the car, so that the wheels of two cars passed over his left leg, crushing it in a most horrible manner, and rendering amputation above the knee necessary. Every care was taken antiseptically, but on the fifth day after the amputation, erysipelas attacked the stump, and extensive sloughing ensued. In a few days a little brother of the injured boy was taken with erysipelas of the head and face, of a very severe type, and still another and the mother with diphtheria, of more than ordinary severity.

These were the first of a class of cases that have been occurring under my observation since that time, and which, to bring to notice, is the object of this paper. I will here enumerate some of the most important.

Mr. M., aged 50, a resident of Illinois, came to this city to visit a brother. In a few days after his arrival he was attacked with diphtheria. The constitutional symptoms were quite severe, and the exudation within the throat extensive, and abundant. On the fourth day of the disease erysipelas made its appearance on the right cheek and nose, and very soon extended itself over the whole face, closing both eyes, and over the whole hairy scalp. After ten days its force was expended, and he slowly convalesced. Before he had recovered, a niece, aged 13 years, was taken with severe diphtheria, and then the brother that he had come to visit was taken down with erysipelas, and passed through a precisely similar course, though for three days he was wildly delirious. The wife also had a slight attack of diphtheria.

Mrs. C., aged 25, was near the terminal period of her gestation, when she was attacked with diphtheria. Her temperature reached 105°, and an exudation unusual in extent appeared. At the end of the third day her labor came on, which was rather protracted, lasting about fifteen hours. She gave birth to a large healthy male child. The second day after her delivery she was attacked with erysipelas, which soon invaded every part of her head and face, and extended down the neck to the shoulders. On account of her puerperal condition but little hope was entertained of her recovery, but she finally surmounted all her complications and recovered.

Mr. D., aged 40, had an attack of diph-

theria which was followed in a few days with erysipelas of the hand and arm, from which he suffered severely, and did not recover for many weeks. Four of his children were down with diphtheria when he was taken sick.

Rev. Mr. K., aged 45, had erysipelas of the right arm, which extended to the shoulder, neck and face. The constitutional symptoms were severe. He had been attending a family which had diphtheria of a malignant type.

Mr. B., a young man of 20, had well marked diphtheria. On the third day of the disease, erysipelas of the head and face developed itself, which lasted eight days.

Mr. R., a man 43, had erysipelas of the head and face. Three of his children were having diphtheria at the same time. I could give several other cases of the same character, but these are sufficient I think to show that the poison which produced these two diseases here was purely identical. In some erysipelas first appeared, in others diphtheria, but in the same families their association was remarkable. Not more than two cases of scarlet fever occurred in the city during the whole time.

JOHN G. MEACHEM.

TREATMENT OF HEADACHE. — Massini (Correspondenzblatt für Schweizer Aerzte, No. 1, 1881) claims to have met with great success in the management of headache by treating it from an etiological standpoint. Electricity is used when the disorder can be followed along a nerve tract; in case the condition is produced by vaso-motor spasm the constant current is indicated; by vaso-motor paralysis, faradisation. Bromide of potassium is very effectual in uræmic headache. In headache from vaso-motor paralysis ergotin is indicated; from vaso-motor spasm, nitrite of amyl. Croton chloral in doses of one half a grain has been found of great service in uræmic headache. Monobromide of camphor, in doses of one-sixth to half a grain, seems to act well in gastric neodoces. Aconitine and tincture of gelsemium have proven very valuable in headaches secondary to neuralgias, the former in doses of from 1-60 to 1-120 of a grain, the latter in doses of from ten to thirty minims.

REVIEWS.

A TREATISE ON ALBUMINURIA, BY W. HOWSHIP DICKINSON (Cantab), F. R. C. P., Physician to the Hospital for Sick Children, Corresponding Member of the Academy of Medicine, New York City. Woods Library of Standard Medical Authors, 1881. Wm. Wood & Co., New York; W. T. Keener, Chicago.

The object of this work according to the author is to describe those diseases which are made known during life by the presence of albumen in the urine. Such being the case one would naturally expect to find discussed in addition to Bright's disease certain cerebral conditions which give rise to albuminuria, but it soon becomes apparent that the author regards Bright's disease and albuminuria as synonymous terms. This is a prominent and serious defect in the book. The first chapter is devoted to the consideration of the healthy kidneys, and the classification of albuminuria. Under the former heading are found well described the changes so often produced by accidents after death, in the normal kidney. This portion gives many hints as to how the wonderful changes often found by amateur microscopists are produced. The author classifies albuminuria according as it is produced by disease of the tubes, of the fibrous tissues between them, or, of the blood vessels. The next chapter deals with the albumen and cases as contents of the urine during renal diseases. Chapter three gives a very clear resumé of the tubal and diffuse nephritis. In chapter four the clinical history of nephritis is considered, and a good clear outline is presented of the disease and its results. The fifth chapter considers the causes of nephritis in detail, presenting cases showing very pointedly the influence of cold, scarlatina, measles, diphtheria, erysipelas, pæymia, small pox, typhus, acute rheumatism, and diabetes in the production of nephritis, as also the influence of irritants, like alcohol, cantharides, turpentine, copaiva, phosphory, arsenic, nitrate of silver, lead and mercury. The sixth chapter on the treatment of nephritis is an excellent practical one. The seventh chapter on granular degeneration, contains much valuable pathology in a very small compass. The next three chapters devoted to the causes clinical history and symptoms of granular degeneration, are concise descriptions. Chapter ten deals with the treatment of

granular degeneration in a manner similar to that adopted in the consideration of the treatment of nephritis. Chapters eleven to thirteen treat of lardaceous (waxy) disease in a clear pleasant manner, the general description being interspersed with interesting illustrative of pathology symptoms, and treatment. Chapter fourteen takes up the consideration of the condition of the heart and arterial system in renal diseases, and contains a fair critical discussion of the discoveries and theories of Gull and Sutton respecting arterio-capillary fibrosis. Chapter fifteen considers the retinal changes common to albuminuria, and is a fair exhibit of the existing knowledge on the subject. Chapter seventeen contrasts the three varieties into which the author divides renal diseases and concludes the work. The work is written, as a rule, in a clear pleasant style, and with the exception of the failure to distinguish the form of albuminuria, due simply to cerebral change, is a fair exhibit of existing knowledge on the subject of albuminuria. This is the first of Wood's library for 1881. The binding is once more changed but no other alterations in the library worthy of mention are noticeable.

HAND-BOOK OF URINARY ANALYSIS; CHEMICAL AND MICROSCOPICAL; For the use of Physicians, Medical Students and Clinical Assistants. By Frank M. Deems, M. D., Laboratory Instructor in the Medical Department of the University of New York. Member of the N. Y. County Medical Society; Member of the New York Microscopical Society, etc. 12 mo., Limp Cloth, 25 cents. New York: Industrial Publication Company.

This manual is compiled with the intention of supplying a concise guide, which, from its small compass and tabulated arrangement, renders it admirably adapted for use, both as a bed-side reference book and a work-table companion. The author has produced a hand-book which will serve to lessen the difficulties in the way of the beginner, and save valuable time to the busy practitioner. The arrangement of the matter, and the small though clear type in which it is printed, has enabled the author to compress a great deal in a very small compass. It is not of course to be supposed that this brochure can take the place of special works. The investor in the book gets a large quantity of advertisements for his money.

SYPHILIS AND MARRIAGE. — Lectures delivered at the St. Louis Hospital, Paris, by Alfred Fournier, Professor a la faculté de Médecine de Paris, Médecin de l'hôpital St. Louis, Membre de l'Académie de Médecine. Translated by P. Albert Morrow, Physician to the Skin and Venereal Department New York Dispensary, Member of the New York Dermatological Society; Member of the New York Academy of Medicine. D. J. Appleton & Co., New York. Jansen, McClurg & Co., Chicago. \$2.50.

These lectures have already appeared in most French medical periodicals, but like the other utterances of this famous syphilographer, have been gathered up in a book. The relation of syphilis to society is one topic now most prominently before the profession, and, perhaps it may be said, the public also. This work is doubtless the outcome of the general interest in the sociological relations of lues, although its subject would be quite apropos at almost any time by reason of its great importance. This subject requires a very careful treatment since a too pessimistic view may lead to great misery to the individual, while a too optimistic may cause suffering among many. The work is divided into two parts, one considering syphilis before marriage, the others syphilis after marriage. The author concludes in the first chapter that while a man may marry after having had lues he should not do so until declared free from liability to certain secondary manifestations. The second chapter considers the dangers of direct contagion between husband and wife. The third chapter takes up syphilis by conception and concludes that a man infects his wife through the medium of his child. The question of parental heredity and mixed heredity are very lucidly treated in the next two chapters, though with a slight tendency to dogmatism. The maternal heredity is discussed very fairly and logically in chapter six. The seventh chapter deals with a very important economical question, the pecuniary misfortunes to which a man may expose his family by reason of his having syphitis. In the eighth chapter he sums up the conditions on which the syphilitic should be allowed to marry; first, absence of existing specific accidents; second, advanced age of the diathesis; third, a certain period of absolute immunity consecutive to the last specific manifestation; fourth, non-spreading character of the disease; and fifth, sufficient scientific treatment; the

latter being one that is pursued for at least four years. These questions are very freely and clearly discussed in the next two chapters. The author denies that the use of the sulphur waters is a test of any value as regards the question of marriage. The first chapter of the second part discusses the question of preventing the communication of syphilis from the syphilitic husband to the healthy wife. The author proposes to prevent this first by suppressing forthwith the sources of contagion, second, to cut short by especial medication the contagious accidents of the secondary stage. The next chapter deals with the husband syphilitic and the wife healthy but pregnant, and with good reason advises the use of specific medicines, especially in all suspicious cases. The next chapter deals with the wife infected by the husband, and in it the delicate question of how to avoid making mischief in the family by reason of either too great silence or too free expression of opinion is treated. The fourteenth chapter proposes the following situation, the husband syphilitic, wife syphilitic and pregnant, and traces the possible wide spread infection resulting from this condition of things. He claims, and with justice, that mercury administered properly will generally benefit the mother and the unborn child. The last chapter deals with the dangers to society from syphilis and the necessity of social prophylaxis. The book concludes with a number of notes and illustrative cases. The book is written in the antithetic glittering style common to the French, and the rendition of this style into English says all that is necessary about the merits of Dr. Morrow's translation. Appleton & Co., have published the book in good style, and it is well worth purchase and perusal since it deals with questions involving delicate sociological matters not treated of in the works on syphilis.

PRURIGO IN CHILDREN is claimed to be a curable disease by Neumann (quoted in the *Centralblatt für Chirurgie*, No. 9, 1881)—a claim that is so well justified by the facts as to scarcely require the stress laid upon it. If the disease be treated from the first and the itching be prevented, the board-like infiltrations, desquamation, furrows, etc., secondary to the disease, do not appear. Neumann finds better results from the use of steam baths and wrapping.

A PRACTICAL TREATISE ON DISEASES OF THE SKIN. By Lewis H. Duhring, M. D., Professor of Diseases of the Skin in the Hospital of the University of Pennsylvania; Dermatologist to the Philadelphia Hospital, Consulting Physician to the Dispensary for Skin Diseases, Philadelphia; Author of an Atlas of Skin Diseases, etc.; Second Edition. Lippincott & Co., Philadelphia; Jansen, McClurg & Co., Chicago,

This work is perhaps one of the best if not the best American treatises on the dermatoses. The book is as a rule clearly written, and in its classification follows the Vienna, rather than the Paris, school of dermatologists. The first forty-one pages while not necessarily presenting any very original matter, on that subject, contain a clear and careful resumé of the anatomy and physiology of the skin. The pages on symptomatology map out very sharply, certain prominent elements of the symptomatology of the dermatoses. The symptoms are divided into objective and general symptoms, the former being subdivided into "primary lesions," macules, papules, etc., and "secondary lesions," crusts, scales, ulcers, etc. The next eighteen pages are devoted to etiology, and deal with all etiological factors. Pathology occupies fourteen pages, and is rather redundant. The division on Diagnosis gives concisely the points requisite for general diagnosis of the skin. Treatment is dealt with in a very similar manner, as is also the question of prognosis. Classification is then discussed, and as it is to a great extent that of Hebra, criticism is unnecessary. The section on seborrhea is a very good one, and takes into account many etiological factors often ignored by the dermatologists. Bromidrosis, Sudamina and Hyperidrosis are then very carefully considered. The various hyperæmias then pass under review and receives, as do the affections not mentioned, a very careful and exact analysis. In this edition the following diseases, which did not receive mention in the first edition, are carefully and concisely described: Uridrosis, Phosphorescent sweat, Urticaria Pigmentosa, Dermatitis Circumscripta et Herpetiformis, Impetigo Herpetiformis, Pityriasis, Maculata et Circinata, Dermatitis Exfoliativa, Medicamentosa, Gangrænosa and Papillaris Capillitii, Fungoid Neoplasmata, Tuberculosis Cutis, Podelcoma, Ainhum, Perforating Ulcer of the foot, and

Myoma Acutis. It is obvious, therefore, that the book has been brought well up to the time. The author regards hemiatrophia facialis as a form or variety of morphoea, which cannot be justified by either the clinical history or the pathology of this disease, and in dealing with the subject of morphoea he manifests some rather striking inconsistencies, for he claims that it resembles anæsthetic leprosy. A careful revision of this is therefore necessary. In the section on the atrophies, albinism, vitiligo, etc., he says nothing of the occasional influence of the neuroses in the production of these, although he accredits with their full effect in the production of canities. The syphilodermata receive a very full consideration. In conclusion it may be said that the book, as a whole, is well worthy of perusal, and is written in a clear pleasant style, but occasional inconsistencies occur, and statements rather carelessly made chiefly, evidences of haste in preparing for the press. The publishers have issued the book very well.

CEREBRAL SYMPTOMS AFTER INGESTION OF SALICYLIC ACID.—Apolant, of Berlin, reports (*Berliner klinische Wochenschrift*, No. 6, 1881,) a case where a man who had been taking ninety grains of salicylate of soda, daily, for a week, for acute articular rheumatism, suddenly developed hallucinations of sight with delusions based on these, all of which disappeared soon after the discontinuance of the salicylate. These phenomena are becoming rather frequent after the use of this drug, several cases having already been reported in England. Apolant refers all these phenomena to cerebral hyperæmia, but they strongly resemble the hallucinations and delusions produced by many toxic substances.

AUSCULTATORY PERCUSSION.—In an interesting article, Dr. T. A. McBride, of New York, (*Archives of Medicine*, Dec. 1880,) calls attention to the value of this method of physical diagnosis as a means of mapping out, in a more exact manner than is usual, the boundaries of the heart and lungs. The instrument used consisted of two solid pieces of hard rubber connected by a hinge, the pectoral termination is quadrangular.

THE ARMY.

OFFICIAL List of Changes of Stations and Duties of Officers of the Medical Department, U. S. Army, from March 13 to March 28, 1881.

White, C. B., Maj. and Surgeon, granted leave of absence for three mos., on surgeon's certificate of disability. S. O. 57. March 11, 1881.

Gibson, J. R., Major and Surgeon, relieved from duty at Fort McHenry, Maine, and to report to the Commanding Officer United States Barracks, Washington, D. C., for duty as post surgeon. S. O. 52, Dept. of the East, March 22, 1881.

Brown, H. E., Maj. and Surgeon, promoted from Assistant Surgeon, vice Otis, deceased.

Meacham, F., Capt. and Asst. Surgeon, to report for duty to the commanding officer Ft. Hamilton, N. Y. S. O. 52. C. S. D. of East.

Reed, W., Capt. and Surgeon, awaiting orders at Ft. McHenry, Md., to report to the commanding officer of the post for duty. S. O. 52. C. S. D. of East.

Porter, J. Y., Capt. and Surgeon. Granted leave of absence for one month, to take effect from 6th proximo. S. O. 28. D. of the South, March 22, 1881.

Gardiner, J. de B. W., Capt. and Asst. Surgeon. The leave of absence granted him in S. O. 16 Feb. 8, '81, D. of Arizona, is extended five months; and so much of S. O. 34, C. S., A. G. O., as relates to him is revoked. At the expiration of his present leave of absence, to report by letter to the Surgeon General. S. O. 59. At G. O. March 14, 1881.

Schue, E. D., 1st Lieut. and Asst. Surgeon. When relieved at Ft. Grant by Asst. Surgeon, J. B. Girard, to report in person to the commanding officer Camp Thomas, A. F., for duty. S. O. 27. Dept. of Arizona, March 8, 1881.

Gibson, R. J., 1st Lieut. and Asst. Surgeon. Granted leave of absence for one month and permission to apply for 14 days' extension. S. O. 47, D. of Missouri, March 10, 1881.

Arthur, Wm. H., 1st Lieut. and Asst. Surgeon, (recently appointed) to report in person to the commanding General Dept. of the Platte, for assignment of duty. S. O. 62, A. G. O. March 17, 1881.

Bushnell, Geo. E., 1st Lieut. and Asst. Surgeon, (recently appointed) to report in person to the commanding General Dept. of Dakota, for assignment to duty. S. O. 62. C. S. A. G. O.

Brimingham, H. P., 1st Lieut. and Asst. Surgeon. (recently appointed) to report in person to the commanding General Dept. of the Missouri, for assignment to duty. S. O. 62. C. S. A. G. O.

Wyeth, M. C., 1st Lieut. and Asst. Surgeon, (recently appointed) to report in person to the commanding General Dept. of Dakota, for assignment to duty. S. O. 62, C. S. A. G. O.

King, J. H. T., Capt. and Asst. Surgeon. The leave of absence granted him in S. O. 253, Nov 29, '80, from A. G. O., is extended to June 30, '81; and his resignation accepted by the President of the U. S., to take effect June 30, '81. S. O. 65. A. G. O., March 21, 1881.

Chicago Medical Review

PUBLISHED ON THE FIFTH AND TWENTIETH OF THE MONTH.

E. C. DUDLEY, EDITOR.

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TOADYISM.—From the tone of certain medical journals and addresses, it would seem that the increase of specialties in our profession is considered by many as an evidence of decadence. In nature progress is made from the general to the special. Society as a part of nature follows this law. The converse of the above proposition is also generally true, i. e., the development of specialties in any field is evidence of progress, and the absence of this development is evidence of retrogression. No reason can be given why the medical profession should be an exception to the law, and this denunciation must therefore arise from ill nature or from ignorance. Why these frequent denunciations of specialists are made it is often easy to understand. It is not because that scientific work by the specialist is lacking, for in Europe, where the lines dividing the specialties are most sharply drawn, the most accurate scientific researches are made. This is also true in the United States, for the most valuable scientific work comes from the national associations of specialists. It is not because the general practitioner thinks that the specialist infringes upon his proper domain. Were this true the loudest denunciations would come from general practitioners; the numerous societies in which they are predominant would pass addresses denouncing the tendency of medicine to

specialties. The chief denunciations come from specialists envious of their rivals, and desirous of promoting their own interests by eulogizing the general practitioner at the expense of the specialist. This style of oratory, so frequently indulged in at the American Medical Association, has alienated the specialist associations from that body, which latter flourish only when separated from it, and as sections became insignificant. This repetition of ancient jokes and innuendoes, of the Jacobi variety for example may, if continued, foster a spirit of useless criticism towards the specialists, but it will most certainly stamp the character of "toady" upon those gentlemen who indulge in it.

PROFESSIONAL DIGNITY AND THE PHARMACY BILL.—A tendency to enforce respect for professional dignity crops up in all sorts of unexpected places, a fact that is the more to be regretted as the charlatans profit by it. An effort to enforce this dignity marked the recent attempt to pass the Illinois pharmacy bill. The absence of a clause granting the same privileges to the graduate in medicine as to the graduate in pharmacy, was regarded as an attack on the dignity of the medical profession, and an attempt made to remedy it by providing, in an amendment, that the former should have the same priv-

leges as the latter. That this amendment was unwise would be recognized in a calmer moment by the very medical gentlemen who championed it. A student of medicine is rarely taught pharmacy, and the state of our medical colleges is such that he can scarcely obtain even a slight smattering of this. It is easier to secure a diploma from the majority of the medical schools than from any pharmaceutical institution, consequently, if the bill be thus amended, the easier method of obtaining a license to practice pharmacy will be chosen, and the profession will be brought face to face with a numerous class of physican-pharmacists, who will practice counter prescribing to an extent hitherto unknown. It may be said that the New York pharmacy law grants the privilege to graduates in medicine and no evil effects have followed. Even in New York may be found many pharmacies owned by graduates, which conduct an extensive prescription business, and deal largely in patent medicines, besides engaging largely in other and darker occupations, in all of which they would be closely restricted in the absence of such a clause. Since that pharmacy law has had these effects, it were best such a clause should not be inserted into the Illinois pharmacy bill, and it is much to be feared that this attempt to preserve the dignity of the profession will imperil much more important interests.

HYSTERIA OR MYELITIS.—This question is now before a Brooklyn court for adjudication. A woman received some injuries at the hands of a Brooklyn city official, from which resulted what she claims was myelitis, but what he calls hysteria. The case is a complicated one, and there are some good authorities on both sides. Drs. Hammond and Spitzka, and some other neurologists hold the myelitis theory, while Dr. Landon C. Gray and other less known neurologists believe the phenomena presented to be purely hysterical. A student wishing to know the anatomy of the spinal cord might learn it thoroughly by attending the trial.

SCHMIDT ON YELLOW FEVER.—Most of the readers of the Review are acquainted with the great value of these researches, and will doubtless be gratified to learn that they will soon appear in book form. Owing to the author's being crippled by rheumatism and living in a region where publication of any work is difficult to secure, because of the prostration produced by the war, he has not been able to present these researches in completed form to the profession, although they exist in manuscript. At a recent meeting of the Chicago Biological Society it was resolved that this manuscript should be published under the auspices of the society, first in monthly parts, supplementary to one of the monthly medical journals, and subsequently in book form, and Dr. Roswell Park, 1558 Wabash Avenue, Chicago, was appointed treasurer to receive subscriptions to this end. The work will be handsomely illustrated and the subscription price has been fixed at three dollars, for which the subscriber will receive both the medical journal and the book, practically two copies of the work. By subscribing, which it is to be hoped every reader of the Review will find it convenient to do, the subscriber will acquire a valuable work on yellow fever unparalleled in any language, and will confer some pecuniary benefit on one who has toiled in the cause of medical science, with, it is to be feared, very inadequate pecuniary reward.

THE ENGLISH HOSPITALS.—The Guy's Hospital affair has led to a very critical examination of the general management of all hospitals, from which it would appear that the medical officers have but little voice in the control of these, and that from this, absurdities in ward arrangements and ventilation have resulted. The English medical profession appears to be aroused, and it is probable many important reforms will follow from what was a wanton attack on the independence of the profession by pseudo-philanthropists.

MEDICAL CLIQUES. KAPPA LAMBDA.—

The following communication in relation to the Kappa Lambda Society mentioned in the editorial on "Medical Cliques" (Medical Review, March 20, 1881, page 123,) has been received from a prominent member of the New York County Medical Society. "The present Medical and Surgical Society of New York is the lineal descendant of the old Kappa Lambda, and if it fails to control all that is worth having, it is not because of the 'animus,' but because New York has grown since the days of 'Kappa Lambda'." The persistence of this exclusiveness, for the society mentioned is one of the most exclusive in New York, in the face of the obloquy that broke up the earlier society, is an illustration of the ability which cliques possess of resistance to even the most determined and apparently successful efforts at their suppression; but although New York "has grown" there can be but little doubt that clique influence is as strong there as when it was smaller, for it is difficult otherwise to explain why certain physicians have received professorial chairs. This clique influence no doubt partially explains why New York is such a bad field for reform in medical education.

HYOSCYAMIA IN INSANITY.—Dr. J. C. Shaw of the Kings County Lunatic Asylum, (quoted by Dr. Seguin, Archives of Medicine, April, 1881,) reports that in acute and subacute mania, chronic mania with destructive habits, the excitement of general paresis and the maniacal excitement of epileptics, he has found hyoscyamia of great value as a hypnotic. It would be, perhaps, more gratifying if a rationale of its action were furnished by the doctor, as in a recent expert case, he claimed to have given it to a patient with epileptic stupor to quiet maniacal excitement, although these two conditions do not usually exist at the same time in the same patient, according to the opinion of most alienists. Both the alkaloid and the fluid extract of hyoscyamus were used largely at the New York City Asylum for

the Insane, during the year 1874, generally in combination with conium, and in that combination it proved a more efficient hypnotic than it did alone. The conium quieting the motor disturbance and the hyoscyamus acting as a hypnotic.

DISEASE CHANGES OF FIBRIN in the blood have been recently discussed by Hayem (Gazette des Hôpitaux, March 10, 1881,) who claims to have found that in all the phlegmasias, there is an increase in the fibrinous reticulum varying with the intensity and extent of the inflammatory lesion. The same changes, though much modified, are to be found in the hæmorrhagic diseases, purpura hæmorrhagica, chlorosis, etc.; in the rest of the diseases this change does not take place. In the pyrexias no change occurs unless an inflammatory complication ensues. The discovery may be of the diagnostic value claimed for it by Hayem, but will require much greater development before it will be as useful as he seems to think it.

INSANITY AND UTERINE DISEASE.—A communication to the April 2 number of the New York Medical Record, claimed that the majority of cases of female insanity in any institution, were probably due to untreated uterine disease. The suggestion was not entirely new, but the psychiatry and gynæcology therein shown were decidedly original. The assertion was supported by what purported to be statistics from the writer's experience in the New York City Lunatic Asylum. The patients with uterine disease either did not die or recovered from their uterine disease before death, as the pathologist of the same institution questions the statement of the previous writer in toto, and goes as far in denying the co-existence of uterine and mental disease as the former did in asserting it. Both these gentlemen are in error, and their mutual errors are likely to lead to disastrous results, to neglect on the one hand of psychiatric treatment, and on the other of gynæcological.

THE CEPHALIC SOUFFLÉ IN THE ADULT has been studied recently by Tripier, who (*Revue de Médecine*, March, 1881,) comes to the following conclusions respecting it: First, that the cephalic soufflé is met with in the adult, agreeable to the opinions of Fisher and Whitney, and contrary to Henry Rogers' opinion. Second, it has been observed in anæmia from metrorrhagia, in several chlorotics, in a patient with cachectic anæmia, in a case of intracranial tumor and in a case of hydrocephalus. Third, it is a deep systolic soufflé which extends all over the skull, principally on the lateral parts at the center of the temples, with a maximum of intensity on the right temporal region, and is not modified by changes of the head or trunk. Fourth, the patients in whom this is met with have an intermittent bruit synchronous with the cardiac systole, and of which the intensity is in direct relation to the cephalic soufflé. Fifth, the bruit and soufflé may be momentarily modified or suppressed by compression of the side on which it has been heard, or even of the opposite side. At the same time there is among the anæmic patients a general malaise, with numbness of the hand of the side opposed to the compressed carotid. These phenomena are produced only by compression of the carotid. Sixth, the cephalic soufflé may increase or diminish with the recovery or increased ill-health of the patient. Seventh, the cephalic soufflé, which is perfectly synchronous with the cardiac systole, has its place in the arterial system. It is not produced by the transmission of the soufflé from anæmia or chlorosis. By exclusion it must have its origin in the terminal portion of the internal carotid, where it penetrates the cranial cavity. Not only do many reasons militate in favor of this hypothesis, but in one case there existed a small tumor compressing the artery at the point indicated, and giving rise to a bruit very similar to that recognized in the other cases. The soufflé may be produced on both sides, or on one side only, the latter but rarely. Eighth, in the anæmias from

hæmorrhage or cachexia the cephalic soufflé is encountered when the symptoms of anæmia are particularly intense or of long duration, notably when there exists a very pronounced discoloration of the skin and the marked symptoms of anæmia. Ninth, in these cases there exists a cardiac systolic soufflé which is wanting when the cephalic soufflé results purely from an intra-cranial lesion. Tenth, the cephalic soufflé, without a soufflé at the base of the heart, ought to lead to a suspicion of compression of the internal carotid at the center of its terminal portion, more particularly when no orbital trouble exists. Eleventh, the cephalic soufflé which belongs to the preceding cases of soufflé may be distinguished from the increased soufflé, apparently intermittent and due to a communication between the carotid and the cavernous sinus, as well as the intermittent soufflé arising from aneurism of the carotid or ophthalmic artery, because in these cases the soufflé is accompanied by the characteristic symptoms on the side of the orbit. Twelfth, no cephalic affection mentioned by Fisher and Whitney has presented the soufflé, except hydrocephalus. Thirteenth, the cephalic soufflé has not been met with in healthy individuals. Fourteenth, there is no continuous cephalic soufflé. The continuous or intermittent sounds heard by the patients are venous hums and must not be confounded with the cephalic soufflé. Fifteenth, the cephalic soufflé may furnish important indications for diagnosis, prognosis and treatment of disease in the patients in whom it is met.

THE GABOON ORDEAL POISON, M'BOUNDOU.—Heckel and Schlagdenauffen (*Bulletin Général de Thérapeutique Médicale et Chirurgicale*, March, 1881) have been experimenting with this medicine and find that the only active principle it contains is strychnine, which is very abundant in the bark of the root. This alkaloid was found in the liver, kidneys, stomach, testicles, and also the brain and spinal cord of an animal poisoned with M'boundou.

COLLODION IN SPRAINS.—Dr. A. N. Blodgett (Boston Medical and Surgical Journal, April 2, 1881,) claims very good results from the use of collodion in the treatment of strains and sprains. He employs the “contractile” collodion, several coats being successively employed. The advantages of its application are, that it seldom causes any irritation, does not interfere with the circulation of the skin, acts in the same way as an elastic bandage and cooling application. The collodion is first applied over the most swollen parts, and continued outward, even to the uninjured portion. The compression, if applied over the foot, does not produce œdema of the toes, the pressure being equable at all points. The effect was not due to the ether evaporation. The application of collodion permits cooling lotions to be applied, which thereby produce the effects of dry cold. The chief advantages, therefore, are prolonged elastic compression in parts difficult to bandage properly; waterproof protection to the skin from external irritants or applications; hermetical sealing up of wounds in the region of the strain or sprain; constant access to the affected part, without the necessity of the removal of dressings; an uninterrupted view of every part of the injured limb; reduction of heat in the tissues; great acceleration of the process of healing, with perfect restoration of function; a great degree of immunity from relapse; an absolute simplicity of application. Collodion might, if these claims of Dr. Blodgett be correct, be used with advantage not only in sprains but also in incised wounds.

THE HÆMIN CRYSTALS of the blood of man and all the ordinary domestic mammals, birds, and batrachia, have all the same crystalline form, which does not belong to the rhombic system, as has been asserted, but probably to the monoclinic. It is impossible, and this is a point of medico-legal interest, as it contradicts many theories on this subject, to distinguish the blood of the above animals from each other by the size or shape of the hæmin crystals.

UNILATERAL HALLUCINATIONS. — Regis, in a recent article, (*L'Encéphale*, No. 1, 1881) comes to the following conclusions in connection with these: First, that among the most conclusive proofs that have been given of the participation of the organs of sense in the production of hallucinations is the existence of these latter unilaterally. That by reason of the material origin of these phenomena, their special characters and their evolution are manifestly subordinate to the sensorial lesion giving them birth. Second, that the sense organs should be examined in the patients afflicted with hallucinations, not only because the evidence in favor of the somatic origin of hallucinations will be thus increased, but also because by treating the lesions thus observed, the hallucinations due to them may, in certain cases, disappear. There is a very dangerous doctrine taught in these conclusions, for from the hallucinations of the insane result many of their criminal acts, and an attempt to remove the apparent cause of hallucinations will no doubt temporarily succeed from the mental impression made on the patient, but the hallucinations will return, and the patient being left unwatched by reason of his supposed recovery, will be extremely likely to commit some criminal act.

INFLUENCE OF OPIUM ALKALOIDS ON THE URINE.—Fubini (*Centralblatt für d. med. Wissensch.*) has made a series of experiments on a healthy young man to determine the influence of the opium alkaloids on the secretion of urine. The alkaloids were administered hypodermically, as chlorides, and in doses of one-sixth of a grain. The normal secretion of urine being taken at one hundred, the following numbers express the amounts for the several alkaloids: morphine, 103; narceine, 116; codeine, 125; thebaine, 127; narcotine, 105; papaverine 120. Thus it is seen that morphine and narcotine do not notably increase the quantity of urine, as far as can be judged from this single case.

THE URINE IN DIARRHŒA AND CHRONIC DYSENTERY has been studied by Maurel (*Bulletin Général de Thérapeutique Médicale et Chirurgicale*, March 15, 1881,) who comes to the following conclusions: First, that under the influence of diarrhœa and dysentery, neither sugar nor albumen is to be found in the urine; second, that this is also true as regards the coloring matters of the bile; third, that in the chronic diarrhœa of Cochin China, indican is, at times, found and often a substance yielding a rose color to nitric acid; fourth, that the urine, scanty at the onset, increases under the influence of a mixed diet, regaining the normal proportion on recovery; fifth, that the density, at first slight, increases during a certain time, and then varies in almost inverse proportion to the quantity of liquid, but that this is too variable an element in urology to be a basis of sound conclusions; sixth, that the quantity of solids present indicates the state of nutrition of the patient; seventh, the urea probably varies with the solids.

NEW CINCHONA ALKALOID. — Some time ago Hesse described a new cinchona alkaloid, which, from its near relationship to cinchonidin he called homo-cinchonidine. The two alkaloids had so many points in common that Clous, after a somewhat patient investigation, asserted that the two assumed bodies were really the same in different states of purity. Hesse has just published another paper (*Ber. f. d. Deutsche Chem. Gesel.*) in which he gives the properties of the two bodies. Both alkaloids have the same chemical composition, $C_{19}H_{22}N_2O$. Cinchonidine until within a few years, was known in the trade as chinidine, and sometimes is still so called. It crystallizes in scales or short prisms, and melts at $200^{\circ}C$. Its neutral sulphate has six molecules of crystalline water, is easily soluble in hot water, and moderately soluble in cold. It requires 67 parts of water at $22^{\circ}C$. for its complete solution. From its aqueous solution it can be crystallized in two forms. One part of the sulphate

in fifty parts of water gives crystals of a prismatic shape, and a fine lustre. On the other hand, one part of the sulphate in twenty-five parts of water gives acicular crystals resembling very much those of sulphate of quinine. Homocinchonidine in the German trade is sold mostly as "cinchonidinium purum." It melts at $206^{\circ}C$., and does not turn the plane of polarized light as far to the left as the former alkaloid. The chief physical difference in the two alkaloids is found in the fact that under the conditions which determine the separation of the acicular crystals in cinchonidine, homocinchonidine crystallizes in an entirely different form; a thick mass of almost shapeless crystals strongly adhering together, and possessing no similarity to the crystals of chinin-sulphate being formed. The physiological effects of the two alkaloids are apparently very much the same.

NERVE STRETCHING AND ITS CONSEQUENCES.—At the recent meeting of the Paris Biological Society, Quinquaud exhibited a guinea pig of which one sciatic nerve had been stretched a month and a half previous. This procedure had been followed by trophic disorders and spontaneous amputation of the toes on the same side. In other experiments on the same kind of animals, a curious phenomenon, called by him mechanical transfer, has been observed. The sciatic nerve on one side being stretched sufficient to produce anæsthesia, this condition disappears on the nerve of the opposite side being stretched to the same extent.

MALIGNANT PAPILLARY DERMATITIS.—Dr. Thin claims (*British Medical Journal*, March 19, 1881,) that many cases of mammary cancer are preceded by a superficial disease of the nipple much resembling eczema, but of a malignant destructive character, and distinguished from eczema only by its greater duration and intractability under treatment. This is important as an indication for early operation.

THERAPEUTIC VALUE OF MECHANICAL NERVOUS IRRITATION.—Cederschjöld has found (Schmidt's *Jahrbücher*, 1880,) that compression of the nerve trunks with the finger tips is a therapeutic measure of much value. In scrivener's cramp, bronchial asthma, certain cases of locomotor ataxia, and tic douloureux, this compression has proven of much value. Compression of the brachial plexus may be produced by surrounding the arm with the fingers, in the axillary region. The sacral plexus may be affected in a similar manner by placing the patient in a semi-recumbent position, with his lower extremities drawn upward, and then pressing deeply into the pelvis. The solar plexus can be affected by pressure between the ensiform cartilage and the umbilicus. Cederschjöld found that daily irritation of the sciatic and crural nerves was of marked benefit in the fulgurant pains in locomotor ataxia. Dr. McCraith had previously called attention to this means of treatment, and it is one capable of much extension in the treatment of many nervous affections, but it is an open question whether some of the benefits of massage do not depend on the same principle, as there appears to be but little doubt that some of the itinerant quacks who practice "rubbing" have at times markedly benefited certain cases of locomotor ataxia. Cederschjöld has used it in certain cases of club foot, with advantage, by strongly irritating the nerve supplying the weakened muscle.

OX-AORTA VERSUS THE CATGUT LIGATURE.—Dr. Barwell (*British Medical Journal*, March 19, 1881,) claims that the ox-aorta ligature is better adapted for the deligation of certain arteries than the catgut, inasmuch as it does not cut the internal and middle coats, but simply brings these into apposition and is very gradually absorbed. He cites three cases of deligation of the right carotid and subclavian which strongly support this position. He claimed that in the manufacture of catgut the submucous tissue of the sheep's intestine was separated

from the rest by scraping, a procedure implying the existence of some amount of decomposition. The various modes of preparing catgut were attempts to get rid of this decomposition. The differing times in which these catgut ligatures dissolved showed the varying amount of decomposition which existed in them. Lister made a not very brilliant defense of the catgut ligature, claiming that the liability to absorption decreased by age; that which was old was less liable to be absorbed than that which was new. He claimed that if catgut prepared by his new method were tried, it might be relied on. Dr. Barwell said that certain modes of preparation would not suit all forms of catgut, hence catgut could not be reliable. Experiments on blood serum did not help much. The only reliable experiments were those in *corpore vile*, in corroboration of which he cited a case where a femoral artery was tied with an ox-aorta ligature with perfect success; the other femoral was tied with a ligature after Lister's method; the wound was nearly well, when it reopened and a large crack was found leading down to the place of ligature. Whether the ox-aorta ligature is not capable of a more general application is a question likely to be of some interest, if these researches of Barwell are well founded.

CEREBRAL LOCALIZATIONS IN SURGERY. Dr. Lewis A. Stimson (*Archives of Surgery*, April, 1881,) reports a case in which, from the paralytic symptoms present, he determined the existence of an abscess over Ferrier's center for the upper extremity, whereupon he trephined and found the abscess, the patient dying an hour after the operation, and on autopsy the abscess was found to have been opened in the parietal lobe behind the lower part of the ascending parietal convolution. The patient was syphilitic, and had paralytic phenomena subsequent to the injury causing the abscess, which improved under iodide of potassium, and were, it is obvious, not related to the abscess though impairing the value of the case.

QUININE AMAUROSIS.—In the March number of Knapp's Archives, Dr. E. Gruening publishes a very well observed case of this affection following the administration of eighty grains of quinine (within thirty hours) in puerperal fever. No adequate cause of the sudden blindness could be found but the drug. The patient recovered the sight, but after the lapse of six months the peripheral vision and the color-perception were not yet normal. The author has compared the histories of eleven other cases, quoted by different authors, and makes the following valuable deductions: "On reviewing the unequivocal cases of quinine poisoning with amaurosis, we find a remarkable congruence in their essential features. The patient after the ingestion of a single dose, or of repeated doses of quinine in varying quantities, suddenly becomes totally blind and deaf. While the deafness disappears within twenty-four hours, the blindness remains permanent as regards peripheric vision; central vision gradually returning to the normal after some days, weeks or months. The ophthalmoscope reveals an ischæmia of the retinal arteries and veins without any inflammatory changes. In view of the constancy of these symptoms and the uniformity of the ophthalmoscopic picture, we are entitled to demand for this distinct type of amaurosis a recognized position in the pathology of the optic nerve and the retina." Another instance of the same accident was reported by Dr. Michel to the St. Louis Medico-Chirurgical Society (St. Louis Courier of Med., November, 1880). No recovery occurred within seven months. The ophthalmoscope showed almost bloodless condition of the arteries and thread-like veins.

HÆMOGLOBIN CRYSTALS can be easily prepared as follows: The blood is exhausted with distilled water, and the product treated with a concentrated solution of pyrogallic acid, when the crystals will form in a few hours. The experiment succeeds both with fresh and slightly decomposed blood.

TREATMENT OF DIARRHŒA AND CHRONIC DYSENTERY by means of a milk diet, and a mixed graduated diet, has been found very successful by Maurel (Bulletin Général de Thérapeutique Médicale et Chirurgicale, March 15, 1881.) He concludes respecting it: First, that the same treatment may be used in both these diseases, whatever their origin. Second, that the treatment may be begun by repeated purgation, with advantage. Third, that the treatment by purgation should be succeeded by a diet of milk only. Fourth, that the quantity of milk may vary from one and a half to three litres a day. Fifth, that only when several days have elapsed since the passage of a soft stool is the mixed diet to be begun. Sixth, this last diet should be graduated into six periods, passing gradually from first, eggs; second, roasted meats; third, bread and wine; fourth, dry and green beans; fifth, ragouts; sixth, boiled beef and cabbage soup; extreme care being taken to pass from each only when several days have expired since the excretion of a soft stool. Seventh, that under the influence of this treatment almost all these diseases are slowly but surely conducted to complete recovery. Eighth, those not cured are much improved. Ninth, under the influence of this treatment the digestive functions not only improve but the patient's general health, also. Tenth, this improvement is shown by the improvement in the patient's appearance, the return of the liver to its normal size and the gradual increase in weight.

SYGNOSTICISM.—Dr. Hammond's interesting experiments before the Medico-Legal Society have demonstrated the error of one statement in Dr. Beard's article on trance (Journal of Nervous and Mental Disease, 1877,) namely, that the suggestion of a crime to a patient in the trance state would be sufficient to bring the patient out of that state. Dr. Hammond's patient performed various simulations of serious crimes while in this condition, and the subject, judged from its medico-legal aspect, is of very great importance.

PHYMOSIS A CAUSE OF INFANTILE HERNIA.—Dr. A. Osborn (*British Medical Journal*, March 19, 1881,) claims that phymosis is a frequent cause of rupture in children, and its rationale is as follows: The vaginal process of peritoneum through which the testicle has descended begins to close soon after this has occurred, but as the descent occurs between the seventh and ninth month of uterine life, the uniting medium is but young and easily broken by any strain put upon it. Phymosis occasions that strain from the impediment it offers to the flow of urine, as in cases of obstruction to the outflow of urine, micturition is affected by the contraction of the abdominal walls pressing on the bladder, whilst the diaphragm is in a state of tension. By this means pressure is exerted over the whole of the abdominal wall, and the apertures by which the testicles have descended, being the weakest parts, give way under the strain, and rupture results. The side last to close is usually the right, so hernia is most frequent on that side. It is easily seen also how a single hernia gives rise to a double; the truss serving as a support, the opposite side becomes the weakest point, and so is the first to yield if the phymosis be not removed; a double truss should therefore be used, but circumcision is most strongly indicated, and most likely to be of value.

CROSSED HEMIPLEGIA AND HEMI-ANÆSTHESIA.—Lornier (*Gazette des Hôpitaux*, March 8, 1881,) has recently had under observation two cases in which these phenomena made their appearance, after a fall on the head from a height. One patient died, but an autopsy was not obtained, and the reasons given by him for the loss of motility and sensibility occupying opposite sides of the body are purely hypothetical, having their basis in the localization theory, amounting simply to the assertion of a belief that the motor and sensory centers on opposite sides of the body were affected by the concussion resulting from the fall. This tendency to undue theorizing greatly injures French neurology.

MONOPLEGIA FROM LIGHTNING has been recently reported by Dr. Savigny (*Gazette des Hôpitaux*, March 8, 1881.) After being struck by lightning the patient fell unconscious; hæmorrhages from the nose and ears ensued, and the patient continued for more than an hour in a species of coma. On recovering consciousness the right arm was found to be paralyzed. This monoplegia persisted for six months and finally disappeared under the use of electricity. But every time a storm came on, the monoplegia again made its appearance; the condition persisting during the duration of the storm. Sensibility was the first to be affected, then motility. The storm over, the patient returned to his normal condition. The explanation of the whole case is found in the concluding sentence: "The patient had been for some time subject to epileptic attacks, independently of the affection produced by lightning." The lightning simply brought on one of those paralytic phenomena which occasionally accompany epilepsy, and this had a tendency to reappear on the appearance of the exciting cause. This idea is fully corroborated by the fact that the sensory function was the first to be affected.

NEW CAUSE OF LEAD COLIC.—Dr. C. Hilton Fagge and a French physician, Dr. Cras (*British Medical Journal*, March 19, 1881,) have come to the conclusion independently of each other, that lead colic may be due, in some instances, to the formation of sulphide of lead by the action of the sulphuretted hydrogen in the intestines of individuals exposed to lead fumes. The intestines in four cases of death in patients with lead-poisoning were examined, two giving negative results, while the intestines were blackened with sulphide of lead in the other two cases. The hypothesis has much against it, the influence of lead being rather that of an agent absorbed into the blood, and as Fagge himself admitted, not much stress can be laid on these cases, other than as possible indications of how lead colic might be sometimes rapidly produced.

POTASSIUM BROMIDE IN STRYCHNIA POISONING.—Prideaux (*Lancet*, January 8, 1881,) reports the case of a woman fifty years of age who, after taking three-quarters of a grain of strychnia, was seized by violent tetanic convulsions, especially opisthotonos. He prescribed half an ounce of bromide of potassium and a drachm of chloral in solution. The convulsive attacks slightly diminished in intensity in the course of a quarter of an hour, and the muscles became somewhat less rigid. The dose was repeated and in half an hour the muscles relaxed pretty completely, twitching but slightly from time to time. The patient was given an ounce of potassium bromide during the night, in divided doses. The morning following the patient was much prostrated, the sphincters being paralyzed and the pulse feeble. These symptoms gradually disappeared in the course of a few days. Prideaux regards the large doses of bromide of potassium as the source of the parietic symptoms. While this is possible, it is a very open question whether the same phenomena might not have appeared secondarily, had this remedy not been given, from the effects of strychnia itself.

ATROPINE IN MENORRHAGIA AND HÆMOPTYSIS.—Tacke (*Berliner klinische Wochenschrift*, No. 6, 1881) having had occasion to prescribe sulphate of atropine hypodermically in a case of wandering eczema, found that the patient's menstruation, which had been hitherto excessive, became and continued to be moderate after the first hypodermic injection. He subsequently had a similar experience with two other cases and a case of hæmoptysis was also markedly improved, whence he concludes that atropine hypodermically administered, is as valuable a remedy against menorrhagia and hæmoptysis as ergot, and as it is not so liable to cause inflammation of the subcutaneous cellular tissue as the latter, it is much more easily administered hypodermically, thus avoiding any tendency to gastric or intestinal disturbance.

THE UTERINE MUCOUS MEMBRANE DURING MENSTRUATION.—Some gynæcologists claim that the uterine mucous membrane is totally eliminated during menstruation. Others regard this opinion as erroneous, claiming that only a very slight portion of the mucous membrane, if any, is then expelled. Sinéty (*Gazette des Hôpitaux*, March 8, 1881,) having had occasion to make several autopsies of females dying during menstruation, found the uterine mucous membrane intact. This class of autopsies being very rare, another means of deciding the question had to be resorted to, and to this end Sinéty examined with the greatest care the menstrual discharges, expecting that if the uterine mucous membrane were expelled, either as a whole or in part, some of it would be found in these. Now it results from these numerous researches that if any mucous membrane was eliminated, traces of it at least would be found, but he failed to find even a single cell with vibratile cilia, whence it results that the uterine mucous membrane is not expelled, either as a whole or in part, during menstruation.

A NEW ANTISEPTIC.—Pyridintricarboic acid is said to possess much better preservative properties than salicylic acid. At present its great cost prevents its coming into very general use. It separates out of water in groups of needle-like crystals, which are composed of striated tables. It melts at 235° C., at the same time turning brown and giving off a large quantity of gas. Its chemical composition is $C_5H_5O_4$. Lately it has been formed synthetically by Böttinger (*Ber. d. D. Chem. Gesell.* 14, 1), which, as in the case of salicylic acid, is a hopeful sign that it may become cheaper, and thus lead to its more general use.

MULBERRY BARK AS A TÆNIFUGE.—Béranger-Féraud (*Bulletin Général de Thérapeutique Médicale et Chirurgicale*, March, 1881) claims to have found that this old remedy for tænia, is of no value. After frequent trials of the drug repeated failures resulted.

CONVULSIVE EFFECTS OF CARBOLIC ACID POISONING.—Animals poisoned by carbolic acid are often seized by convulsions, but this phenomenon has been but very rarely observed in man. In a patient poisoned with carbolic acid at the New York City Insane Asylum, the first phenomena noticed were slight drowsiness and muscular rigidity, which were succeeded by terrific clonic convulsions, at first unilateral, and then becoming general. Treube (*Centralblatt für Chirurgie*, No. 4, 1881) has had a case under observation where, on dressing with a carbolic acid solution a wound made by an operation for empyema, convulsions ensued which disappeared on changing the carbolic to salicylic acid. He has found twelve cases recorded, and in five of these the poison acted as in the case first cited, on the alimentary tract. In four, the poisoning occurred through joints and serous surfaces, and in three, the patients were poisoned by the application of the acid to incised wounds.

TYPHLOITIS.—Dr. V. P. Gibney (*American Journal Medical Sciences*, January, 1881,) believes that some cases diagnosticated as hip disease and treated as such with gratifying results, have really been cases of subfascial iliac abscess or, perchance, primary perityphlitis which, as a rule terminates in resolution. He comes to the following conclusion respecting primary perityphlitis: First, that it presents many of the signs, especially if subacute, of hip-disease in the first and second stages. Second, resolution may be secured and promoted by the judicious use of vesication. There have been numerous recoveries under this treatment.

ATAVISM IN THE UPPER EXTREMITY.—Mr. Shattuck recently exhibited at the London Pathological Society (*British Medical Journal*, March 19, 1881,) an amputated upper extremity, the fingers of which were webbed and the flexor longis pollicis furnished, as in some cases of the higher apes, the tendon of the index.

THE SPINAL CORD IN INFANTILE SPINAL PARALYSIS.—Roger and Damaschino, in a recent article on this subject (*Revue de Médecine*, February, 1881,) have come to the following conclusions: First, the characteristic alteration of infantile paralysis is a lesion of the spinal cord, of which the nerve and muscle atrophy is the consequence. Second, this lesion is seated more particularly in the anterior portion of the spinal grey substance, where it appears under the form of patches of softening. Third, this softening is of an inflammatory nature and the disease is a myelitis. Fourth, infantile paralysis should therefore be called infantile spinal paralysis, and its proper place accordingly is certainly in affections of the cord and among the myelites. Fifth, progressive muscular atrophy differs from infantile paralysis as much by its symptoms as by its anatomical lesions. The spinal alteration consists essentially in atrophy of motor cells without any patch of softening or other change.

AORTIC REGURGITATION WITHOUT MURMUR.—A case of aortic valvular insufficiency without a murmur, has been recently reported by Dr. E. Hurd (*New York Medical Record*, April 2.) The patient was sixty-one years of age, and the first cardiac symptoms had presented themselves about two years before death. The aorta was found markedly atheromatous on the autopsy, but the mitral valve presented no imperfection, although the patient had been markedly dropsical. The absence of a murmur in aortic regurgitation is markedly exceptional, while cardiac dropsy, unless with mitral complication, is of infrequent occurrence.

IODINE IN HYDROPHOBIA.—In a recent editorial, the *Gazette des Hôpitaux* suggests that, as hypodermic injections of iodine have been of service in the treatment of malignant pustule, these might be found to have some value as a means of prophylaxis in persons bitten by rabid animals, but this need not cause neglect of other precautions.

FOREIGN BODIES IN THE KNEE JOINT.—

In a recent communication (*Progrès Médical*, March 26, 1881,) to the French Academy of Medicine, Guyot comes to the following conclusions respecting foreign bodies in the knee joint: First, that extraction of foreign bodies in the knee joint may be practiced without running too much risk. Nevertheless this extraction should be attempted only when fully justified by the gravity of the functional troubles resulting from the foreign body, and the insufficient results obtained from the palliative measures. Second, that the free incision is preferable to the subcutaneous method, as being surer without being much more dangerous, if it be performed with proper precautions, with or without the spray of Lister. In view of the unfavorable results of knee joint operations, too many precautions cannot be taken. Dr. Guyot, however, claims that his conclusions are based on the result of numerous operations.

INCISION INTO THE PERICARDIUM.—Rosenstein (*Berliner klinische Wochenschrift*, No. 5, 1881,) has reported a case of purulent pericarditis, in a boy ten years of age, which was treated by incision, and recovered. From this case he draws the following conclusions: First, that purulent pericarditis may occur without fever and without oedema of the cutaneous surface of the chest wall over the heart, and in such cases the character of the exudation can only be settled by an exploratory aspiration. Second, that fear of the setting up a myocarditic process should not be sufficient to prevent the removal of the exudation by an incision.

NERVE LESIONS IN PEMPHIGUS.—Dr. Leloir (*Progrès Médical*, March 26, 1881,) has been examining the cutaneous nerves subjacent to the bulla of pemphigus and finds them the seat of a degenerative atrophic neuritis accompanied with fragmentation of the myeline and disappearance of the axis cylinders. It is obvious, however, that these changes are secondary.

PASTEUR'S NEW DISCOVERY.—At the March 22 session of the Academy of Medicine, Paris, (*Progrès Médical*, March 26, 1881,) some new researches of Pasteur were announced, that seem to open up a field of great promise. After inoculating animals with saliva taken from the mouth of a child dying from rabies, a new germ was found in their blood, and from this Pasteur has announced the existence of a new disease, neither rabies nor septicæmia. The same organism was found in the blood of animals inoculated with saliva from the mouth of children dying of broncho-pneumonia, or with the saliva of healthy adults. The first inoculations were fatal to both rabbits and guinea pigs, while the latter inoculation only caused the death of the rabbits. The germ is believed to inhabit only the digestive passages, and the discovery certainly furnishes the starting point for innumerable theories of great probability.

CONSEQUENCES OF NERVE SECTION.—Dr. C. K. Briddon (*Medical Record*, New York, April 2,) claims that complete section of a compound nerve is followed by destruction of motion and sensation in the territory supplied by the nerve, that if inflammation does not arise in the wound the loss of sensation and motion will be followed by atrophy and muscular contraction. If, however, the nerve has been only partially divided, the remaining fibers may give rise to spasm, hyperæsthesia and dysæsthesia; that if inflammation follows, a neuritis may come on that can give rise to a most intractable neuralgia. Cases, however, have been reported in which union has occurred, and unpleasant results have not followed.

WRITER'S CRAMP FROM A CORTICAL HYDATID CYST.—Dr. G. Ballet (*L'Encéphale* No. 1, 1881,) reports a case of hydatid cyst in the motor zone of the left hemisphere, with partial epilepsy of the right upper extremity, the early symptoms of which were identical with writer's cramp, symptoms rather in opposition to many theories on the subject.

PROLAPSE OF THE OMENTUM, caused by a penetrating wound of the abdomen, followed by recovery in two cases, has been reported by Dr. Meyerowitz (*International Journal of Medicine and Surgery*, March 29, 1881.) Recovery occurred in the first case in twenty-two days, in the second in nine days. The protruded omentum in the first case was ligated en masse antiseptically, became gangrenous four days after, and was snipped off with the scissors. In the second case the omentum was replaced, an ice bladder placed on the abdomen, and to the patient, a child of twelve, three drops of laudanum were given four times a day, the wound having been previously united by a single button suture. The temperature rose during the first two days to 103°. Although the author lays great stress on the fact that Pirogoff protests against both these procedures, still many similar successful cases have been reported in the United States.

QUININE ELIMINATION AND ABSORPTION.—Lepidi-Chioti, (*Presse Médicale Belge*), after a series of experiments on this subject, comes to the following conclusions: That quinine is certainly not eliminated by the saliva or by the perspiration. It is not absorbed after frictions on the skin. When administered hypodermically it appears in the course of some thirteen to fifteen minutes in the urine, and if the *prima viæ* be in good condition it is to be found there in from fifteen to eighteen minutes after being administered by the mouth. When an enema containing quinine has been given it is to be detected in the urine within forty minutes thereafter.

QUINOLINE, a substance obtained by distillation of any of the cinchona alkaloids with alkalies, and also from aniline, is claimed by Donath (*New Remedies*, April, 1881,) to have marked antipyretic and antiseptic properties. His claim is based only on experiments on animals, and is to be taken with great allowance. This possibility of cheapening quinine is agreeable.

EFFERVESCENT BROMIDE MIXTURE IN NAUSEA.—Dr. Chéron (*Gazette des Hôpitaux*, March 10, 1881,) has found that an effervescent preparation of bromide of potassium is of great value in nausea and vomiting of utero-ovarian origin. The preparation used is prepared as follows: Two mixtures are made, one contains two parts each bicarbonate of potash and bromide of potassium to sixty parts of water; the other is composed of citric acid four parts, syrup forty, and water one hundred and twenty. A teaspoonful of the first is mixed with a tablespoonful of the second and the resulting mixture briskly stirred and taken immediately after. Chéron claims that this combination of effervescents and bromides in the treatment of nausea effects more than either singly, and that in pelvic peritonitis this combination arrests both desire to vomit and the vomiting, even though the patient be in the acute period.

TRACHEOTOMY WITHOUT TUBES.—Dr. A. C. Post (*Annals of Anatomy and Surgery*, April, 1881,) reports two cases in which he performed tracheotomy after the method suggested by Dr. H. A. Martin of Boston. The operation was performed as a preliminary means to facilitate the continued administration of anæsthetics, and to guard against the entrance of blood into the bronchial tubes. The results were very satisfactory, and Dr. Post suggests that the opening might be maintained by attaching the skin to the tracheal opening with fine sutures.

NEW INGREDIENTS OF NORMAL URINE.—In the ashes of six hundred litres of human urine, Schioparelli and Peroni (*Gazz. Chim.*) have found in addition to cerium, lanthanum, and didymium, also rubidium, lithium and cæsium. A trace of manganese was also detected, but copper, one of the most widely distributed of the elements, could not be found. Whether the above are to be regarded as normal constituents of the urine or not, it is difficult to say, but they probably result from local causes.

DIPHTHERIA.—R. Weise (Berliner klinische Wochenschrift) has tested Guttman's pilocarpine treatment of diphtheria, and finds it expeditious and valuable, but has had three children die from collapse produced by it, and therefore thinks great caution is required in its use. His own treatment is as follows: $\mathcal{R}$ Acid. salicylic. gr. xv. Glycerin, 3vi. Spiriti vini recti, 3vi. The diphtheritic patches should be penciled with this solution and its vapor inhaled, at least every hour and a half, and full doses of benzoate of soda administered internally, besides which Hungarian wine is freely given. For the local treatment Weise has constructed an apparatus which consists essentially of a small atomizer and spatula combined, and by its means has been able to make applications and examinations with great facility. Weise has treated fifty-four cases of diphtheria in this way without a single death.

PICRIC ACID IN ECZEMA AND ERYSIPELAS.—Flaminio Tassi (Bulletin Général de Thérapeutique Médicale et Chirurgicale, March 15, 1881), finding that a saturated solution (15 to 1000) of picric acid penetrated by capillarity all the layers of the skin, exercising an astringent action on the vascular layer and the sudoriparous glands, and led to an anæmia of the skin, was led to use it in four cases of erysipelas with very good results. Buffolini has had a very similar successful experience with it in eczema impetiginoides. These results seem to warrant more experiment with the remedy.

CARBOLIC ACID IN OPHTHALMIA NEONATORUM.—Olshausen (Centralblatt für Gynäk., January 22, 1881,) claims that bathing the eyelids of children just born, or before the trunk is born, in a two per cent. solution of carbolic acid, together with the bathing of the conjunctival sac with the same solution, has resulted in the reduction of the cases of ophthalmia neonatorum occurring in his practice, about one-fourth; and that these, in the majority of cases

AXIS TRACTION FORCEPS are claimed by Dr. Reith (Edinburgh Medical Journal, February, 1881,) not to effect fracture in the axial direction, nor does it approximate the pelvic axis more closely than the ordinary forceps, and therefore does not diminish detrimental pressure on the pubes. The axis traction forceps is more liable, especially in particular circumstances, to inflict injury on mother and child. The axis of its traction being at a slight angle to the axis of the blades, the risk of injury to the child is correspondingly increased. Compression by means of the fixation-screw is liable to excess and cannot be so easily regulated as by the handles. The increased power obtained by means of the axis traction forceps is liable to be used immoderately. In his opinion the forceps is not destined to come into very general use.

SUB-CLAVICULAR ARCHING IN INFANTILE PLEURISY, with effusion, is claimed by Rivet (Gazette des Hôpitaux, March 10, 1881,) to be a frequent phenomenon, and one that is likely to be a valuable addition to diagnosis. Five cases of pleurisy, with effusion, presented this symptom, the diagnosis being correctly made in two of them from its presence alone. As the disease is very frequent in childhood, this arching, if generally found, may be of some value in elucidating an otherwise obscure case, but it is probably wanting in just such cases.

GASTRORRHAPHY.—The second patient on whom Billroth performed this operation has died from asthenia, on the eighth day after the operation, being unable to retain any food on her stomach. This inability was due to a duplication having formed between the pylorus and the duodenum, which prevented the passage of food. Billroth (International Journal of Medicine and Surgery, March 29, 1881,) by a new operation passed a tube through this duplication, but it proved of no avail. The first case is, however, doing very well, and there is very fair prospect of her recovery.

LOCAL.

THE WEST CHICAGO MEDICAL SOCIETY

Was prevented from holding its April 11 session, by stress of weather.

RUSH MEDICAL COLLEGE.

The spring course opened March 2, and continues until June 22. Two hundred and forty-two are in attendance. The practitioners' course, commenced April 5, and continues for one month. Up to the present time sixty are in attendance, all of whom are practitioners, and all but three, graduates in medicine.

THE CHICAGO MEDICAL SOCIETY.

The thirty-first annual meeting of the Chicago Medical Society was held at the Grand Pacific hotel on April 4. The secretary reported a net increase of five members during the past year, and that there was now a membership of one hundred and eighty-six. He recommended that the society undertake to secure permanent rooms in Central Music Hall. The treasurer made his report: the following officers were elected for the ensuing year: President, Dr. E. Ingals; vice-president, Dr. Mary H. Thompson, Secretary, Dr. L. H. Montgomery; Treasurer, Dr. E. F. Ingals. Dr. DeWolf then read a paper, which appears in the department of contributions.

CHICAGO MEDICAL COLLEGE.

The practitioner's course, inaugurated a year ago, began its second annual session March 30. About fifty practitioners from this and other states, are in attendance, and appear to take a lively interest in the work of the course. The term ends April 30. A number of the advanced students of the college are also attending the course.

Eight members of the graduating class of 1881 have received, by examination and appointment, positions as internes in the various hospitals of the city and county. Drs. F. Billings and J. A. Fordyce are internes at Cook County Hospital, Drs. W. S. Gates and DeW. Townsend, at Mercy Hospital, Dr. Melms, at the Michael Reese Hospital, Drs. A. T. King and F. D. Ber-

geron, are resident physicians at, respectively, St. Luke's and the Alexian Brothers' Hospital, and Dr. A. E. Baldwin is assistant at the Cook County Hospital for the Insane, at Jefferson.

COOK COUNTY HOSPITAL.

The following changes in the Staff of the Hospital were effected April 1: Drs. L. L. McArthur and G. F. Bradley took their places as house surgeon and physician, vice Drs. W. P. Verity and B. C. Gudden, whose terms of office had expired. Drs. B. C. Meacher and Frank Billings are now assistants on the surgical side, and Drs. Herbert Kendall and Mary E. Bates on the medical side. The externes are Messrs. Conley and Waller, on the medical, and Fordyce and Winters on the surgical side. Dr. Meacher assumed charge of the gynecological and obstetric wards, Dr. Kendall became examining physician, and to Dr. Bates was relegated the care of the erysipelas ward and urinalysis.

CHICAGO BIOLOGICAL SOCIETY.

The regular monthly meeting of this society was held April 6. Dr. Tilley exhibited a patient who had lost a knuckle of the little finger by a crushing injury, which, however, left the remainder of the finger hanging by a strip of integument. Under appropriate treatment a false joint was secured with a shortened but useful finger. Dr. Tilley also exhibited a case of congenital deficiency of the septum narium in an elderly patient, the opening being large enough to admit the tip of the little finger. Dr. Starkey reported a case of croup, followed by coryza and all the symptoms of measles, with the exception of the eruption. Subsequently other children in the same family were affected in about the same way. One, an infant, had also a severe bronchial complication. In each case the temperature remained between 103° and 104°, for three or four days. Dr. Starkey considered these cases of "masked measles." The report was discussed by Drs. Haines, Brower, and Park, who agreed in the main with Dr. Starkey.

Dr. S. V. Clevenger read a biographical

sketch of Dr. H. D. Schmidt, of New Orleans, and then read extracts from his manuscript work on "Yellow Fever," exhibited slides of the doctor's preparation, and gave an account of his desires and efforts to publish the work.

After some discussion the resolution was put and carried, "That this society cordially endorse the work of Dr. Schmidt, and recommend the publication of the same under its auspices, and that its treasurer be made treasurer of the necessary subscription fund and be held responsible to Dr. Schmidt for all subscriptions received by him."

Dr. Clevenger was requested to publish his paper as read, in the "Journal and Examiner," preliminary to its appearance in book form.

At the next meeting, May 4, Dr. E. F. Ingals will read a paper on "Laryngeal Tumors," and Dr. F. C. Schaefer, a paper on "Spinal Curvature," and Dr. Roswell Park will exhibit several anatomical and pathological specimens.

ALBUMINURIA OF EPILEPTICS.—Dr. J. Klendgen (Archiv f. Psychiatrie, XI., Hft.1,) in a very extensive memoir on the urine of epileptics, comes to the conclusion that albumen exists in the urine of epileptics independently of their attacks; if there is any augmentation of its quantity after an attack it is very slight, and is then often due to the presence of sperm. He finds it also in all cases of insanity as frequently as in epileptics, and in perfectly sane persons also. In fact, he claims that it exists, in trace at least, in all urine above a certain specific gravity. The significance of the detection of very small quantities of albumen in any form of disease would therefore appear to be about *nil*.

DUBOISINE IN EXOPHTHALMIC GOITRE.—Dujardin-Baumetz (Union Médicale, March 8, 1881,) claims that two cases of exophthalmic goitre were markedly benefited by the hypodermic injection of duboisine in the form of sulphate.

CONTRIBUTIONS.

THE SOURCE OF VACCINE VIRUS*.

BY OSCAR C. DE WOLF M. D., CHICAGO.

Commissioner of Health.

In the January number of the New York Medical Abstract is a brief abstract of a late discussion on vaccination by the Medical Society of Kings County. Dr. J. H. H. Burge, in closing the discussion, makes the following pertinent inquiry: What virus have we now in use in this country? And he answers: Probably six or seven kinds.

1. We have, I hope, though I don't know where to obtain it, virus direct from the natural vaccinia.

2. We have humanized virus, originally from the natural bovine vesicle.

3. A virus resulting from humanized virus introduced again to the system of the cow and brought back to man.

4. Probably a virus resulting from inoculation of the cow with small-pox matter.

5. It is not impossible that we have a virus from other vesicular diseases in the cow resembling vaccinia.

6. We have the calf-to-calf virus, originally from the true natural kine-pox, and descending through a long line of induced cases of vaccinia.

If this statement is true, it is a grave impeachment of vaccine cultivators in this country; and the subject is of so much importance that I trespass on the courtesy of this society to present briefly the results of such facts as I have been able to gather.

The cultivation of vaccine matter by continuous calf-to-calf inoculation, from which animals, as an endless source of supply, virus could readily be obtained, was practically unknown to the profession before the year 1866. Long previous to this date, however, animal vaccination had been practiced in Italy, where Troja, of Naples, conceived the idea of taking the virus from the arm of a child and vaccinating the heifer, which was perpetuated through a series of animals. This was simply retrovaccination *i. e.*, implanting upon the animal the same vaccine disease from the child which Jenner had methodically transferred to the child from the animal. To this date, about 1803, we have no knowledge of the so-called spontaneous appearance of cow-pox in any animal other than those observed by Jenner in England, late

* Read before the Chicago Medical Society, April 4, 1881.

in the previous century. Negri, the neighbor and successor of Troja, following in the footsteps of his master, vaccinating such people as would submit to the operation, until about the year 1820, he discovered a case of natural vaccinia in Calabria, and thereafter propagated entirely from this source. For a subsequent period of forty-four years animal vaccination was confined entirely to Italy. In 1864 Dr. Palasciano, of Naples, addressed the medical congress assembled at Lyons on the subject of animal vaccination as practiced by his townsman, Negri. So impressed was one of his listeners, Dr. Lenoix, that he visited Naples immediately to study animal vaccination under Negri. On his return to France he brought with him a calf nine months old, vaccinated by his teacher. Stopping at the railroad station at Lyons only long enough to permit Dr. Diday to take sufficient matter from the heifer to vaccinate several children, he hastened with his charge to Paris. Here he attempted for nearly two years to interest the profession and the public in his work, with only a moderate success. There was a great deal of doubt expressed in regard to this Neapolitan stock of vaccine virus. In spite of all assertions to the contrary, the general opinion declared that it was a case of retrovaccination, and not true heifer-transmitted cow-pox.

And now appears the famous heifer from Beaugency, which has revolutionized public and professional opinion touching animal vaccination. It is idle to speak of any specific infection as originating spontaneously, yet in referring to this heifer, historians treat her disease as appearing spontaneously, and we continue the fiction. A woman, Dronin, living in the town of Beaugency, in the department of Loriet, fifteen miles from Orleans, visited her yards as usual on the morning of March 28, 1866, to milk her cow. The heifer was thirty months old, white, of the Breton breed, and had dropped her calf four months previous. She was astonished to find her less gentle than usual, and upon examination, discovered some remarkable vesicles on the skin of the udder at the base of the teats. A veterinary surgeon recognized at once the character of the eruption, and M. Depaul, the director of the government vaccine establishment in Paris, was notified. He at once visited Beaugency, bought a fine calf, which he vaccinated from the white heifer, and departed for Paris with

his prize. Depaul's calf developed twenty-seven fine vesicles; and thus was inaugurated the true and undoubted method of animal vaccination. Heifer-to-heifer vaccination was continued by Depaul, and his virus was rapidly distributed throughout France. In June, 1870, Dr. Henry A. Martin, of Roxbury, Mass., dispatched an agent to Paris to obtain virus from this source. Depaul supplied him with matter from the 258th, 259th and 260th of his continuous series from the heifer of Beaugency. This agent reached Boston on the 23d of September, and on the same day Martin vaccinated three heifers; on the next, two, and two each day thereafter until ten were vaccinated and the supply exhausted. For six succeeding years Martin's stock was exclusively used in this country. Dr. Frank P. Foster, of New York, in charge of the vaccine dispensary, commenced propagation of virus from Martin's heifers in November, 1870.

Dr. E. L. Griffin, of Fond du Lac, Wis., established his stables in November, 1872, using the same stock. The two or three establishments in New England, aside from Martin's, obtained their virus from him. Within the last three years other stocks have been introduced.

Dr. Griffin, of Wisconsin, lost by accident his original stock in 1880. He at once procured a new virus from the service of the government director of vaccine at Brussels. The pedigree of this stock I cannot trace any farther than this—that Dr. Warlomont, the director of the Belgian establishment, introduced into his stables in 1868 the "Esneaux lymph," so-called from the neighborhood in which a case of spontaneous heifer disease was found. Dr. Warlomont is the most prominent propagator of vaccine virus in Europe, and the prophylactic power of this Belgian stock is probably second to none. Dr. Pettit, of Cleveland, is propagating from Griffin's recent stock. The Jenner vaccine farm at Chambersburgh, Pa., claims to be propagating the Beaugency stock, imported from France. This claim is doubted by reliable gentlemen with whom I have corresponded in this country and Europe. The Franco-German war so interfered with all industries that, among other results, the service of heifer vaccination was totally abandoned during the siege, and the Beaugency stock was absolutely lost in France. This Pennsylvania firm, being of recent date, I presume use the Belgian stock. Dr. W. E.

Griffiths, of Brooklyn, N. Y., commenced in 1878 the propagation of virus from a spontaneous heifer disease discovered in central New York. I did not obtain a satisfactory pedigree of this stock, but it seems to be reliable, for it has established itself as a vigorous prophylactic. One propagator on the Pacific coast, one in Missouri, and three in the middle states, other than those previously mentioned, are cultivating virus from Martin's or Griffin's stock.

It remains only to refer to attempts to variolate the cow, and the probability of any such virus being found in this country. There is no doubt that Jenner regarded small-pox in man and cow-pox in the cow as identical diseases, or manifestations of a single cause. There is no evidence, however, that he ever attempted the transfer of variola matter from man to cow. Jenner's hypothesis was denied by many of his contemporaries and successors, but Dr. Martin in his very able report on animal vaccination to the American Medical Association, in 1877, says: "Accumulated experience, some of which is quite recent, seems very decidedly to confirm this wonderful guess." Many experimenters have attempted this difficult feat, and have generally failed. Ceely and Badcock, of England, in 1839 and 1840, inoculated six hundred cows, and claim to have succeeded in only thirty-seven cases. In 1862, while stationed at Hilton Head, S. C., I had the opportunity of attempting this service. I covered the head of a six-month-old calf with a shirt saturated with variola matter, and kept her breathing through it for twenty-four hours. I inoculated her in many places with matter in its most active stage, but failed to infect her. In Mr. Ceely's successful cases he continued the inoculation from heifer to heifer, and finally produced a virus with which he safely and protectively vaccinated the human animal. Other experimenters have for the moment claimed success until painfully informed of their failure by the appearance of small-pox, as the result of the use of their virus. Such an instance occurred in our own state last year. Dr. Meyer, of Monee, a post office hamlet near Matteson, took matter from a heifer which he had succeeded in variolating, and introduced it into seven families. The majority of his patients suffered a mild small-pox, but several developed the disease in a confluent form. The report adds that the doctor's Teutonic neigh-

bors were looking for him and anxious that he should decorate the bottom of a well, but he had left the bailiwick. I know of no other similar attempt in this country. Dr. Martin says: "It is my conviction that in some mysterious manner nature may elaborate vaccinia from variola in the system of the milch cow, but that man can with no certainty repeat her process at will, nor does nature herself always accomplish it with success."

With the plentiful supply of pure vaccine matter now to be had in all civilized communities, it appears to me a criminal act to attempt this production of virus from human variola. Small-pox virus should never be touched but to destroy it. To attempt its cultivation, even though sometimes successful, resembles the proposition to cultivate tigers in a country for the purpose of destroying wolves, when these animals become troublesome.

In conclusion, I may say that we have four sources of vaccine supply now in popular use in this country:

1. The Beaugency stock, introduced by Dr. Martin.
2. The Belgian stock, also introduced by Dr. Martin and by Dr. Griffin.
3. The culture of Dr. Griffiths, of Brooklyn, from a case of spontaneously-appearing disease observed by him in the State of New York.
4. Humanized virus from all the above stocks.

The historical facts connected with animal vaccination which have formed the basis of this paper have been largely taken from Dr. Martin's report to the American Medical Association. The physicians of this country, no less than the public, owe a debt of gratitude to Dr. Martin, not easily repaid, for his devotion to the introduction and culture of animal vaccination in the United States.

KATATONIA.—Dr. Bland, superintendent of the Borough Lunatic Asylum, Portsmouth, England, reports a case of long maintained fixed position, which he declares cannot be classified under any known head; but as the patient had at times delusions of grandeur and a varied mental condition, it is evident that the case is one of katatonia; a psychosis that has received but very little attention in England, although much studied in Germany and the United States.

CORRESPONDENCE.

LONDON HOSPITALS—INTERNATIONAL MEDICAL CONGRESS — CONSULTATION WITH HOMŒOPATHISTS—AMERICAN PORK.

LONDON, March 19, 1881.

The recent flurry at Guy's Hospital has drawn the attention of the English medical men, specially to the subject of the management of hospitals, and at a recent meeting of the Metropolitan Counties Branch of the British Medical Association, this was the most prominent topic before the society. Dr. Habershon opened the debate by explaining the object of the meeting, and dilated on the bad results of the medical consulting board not having any control of the internal arrangements of hospitals, citing as an illustration of his remarks, the result of the governors of Guy's hospital arranging new wards without consulting the medical staff; four rows of beds were placed in each ward, a consequence of which was that the air over the centre row was stagnant, the wards being so built that ventilation was difficult, and when a single case of typhus was brought into the wards, nearly all the patients in the center row of beds died. He then cited the results of his examination into the management of the various London hospitals. In the majority of these institutions the honorary medical officers have no voice in the management as medical officers and no voice at all unless they by chance be elected governors. The acting medical staff have about the same amount of power. In the majority of instances the medical staff have no direct control over the nursing arrangements, nor over the choice of a matron. Mr. Holmes then read a paper, in which he claimed that the board of governors was as a rule responsible to no one, and they delegated this responsible power to a treasurer who as a rule did not have any more fitness for an hospital manager than his fellows. The trouble with the London hospitals was the almost total subordination of the medical to the lay element. He thought an enquiry should be made into the general subject of hospitals, and laid down the following as the lines on which the enquiry should proceed:

First, the object of the hospital in relation to the patients.

Second, the question of treating in hospital and dispensaries, those able to pay.

Third, the finances of the hospital, now spent haphazard.

Fourth, the relations of hospitals to medical schools.

Fifth, the share to be given the medical and lay element in the arrangements of the hospitals.

Mr. H. C. Burdett said that the expenditures of the hospitals required the attention of a Royal Commission. Mr. Holmes offered a resolution that it was essential for the proper management of the hospitals that the medical staff should be efficiently represented in the government of the hospitals, which was unanimously agreed to. Another resolution that the nursing arrangements as regards medical treatment should be under control of the medical staff excited a general discussion concerning the bad results of the practice of having the nursing under control of a body external to the hospital. The general opinion was that the whole system required overhauling and the sooner this was done the better for the medical men and the patients. Incidental to this question, it is interesting to note that Tennyson's screed, "In the Child's Hospital" which so bitterly inveighs against the medical profession is now traced to the fact that he is a relation of the treasurer of Guy's Hospital, and therefore inclined to side with the nurses. In this connection it may be mentioned that the Guy's Hospital imbroglio has been arranged by the adoption of a new series of regulations for the nurses which were submitted to the medical officers and received their approval. The matron once more becomes a matron and loses her title of superintendent. The nurses on probation require the approval of the medical board. At the coming International Medical Congress the four addresses are to be delivered by medical men of different nations. Professor Huxley is to deliver an address on "The Relations of General Science with Medicine." Professor Volkmann, of Halle, an address on "Modern Surgery." Dr. Billings, of Washington, an address on "Medical Literature," and the fourth address, to be made by a distinguished Frenchman, has not yet been arranged. The illness of the Earl of Beaconsfield has led to an exhibition of devotion to principle on the part of Sir William Jenner and Sir William Gull, who have refused to consult with Dr. Kidd, the Earl's family physician, who is a homœopathist. Sir William Jenner was only induced to see the patient at all by the urgent and persistent solicitation of the Queen. The trichina scare still slightly influences opinion in England, and an en-

deavor is to be made to bring the subject before Parliament in the interest of the English troops it is claimed, but most likely in the interest of certain provision dealers.
T.

HYPNOTISM AND CRIME—CROUPOUS PNEUMONIA AN INFECTIOUS DISEASE—HISTERIA AND MYELITIS—PLEURISY IN CHILDREN.

NEW YORK, April 5, 1881.

The New York City medical societies are decidedly sporadic in their activity. At one time there are valuable contributions, and lively discussions, which are very soon succeeded by papers of a decidedly hypnotic character, and discussions which are about equally calculated to produce slumber. At present, the societies are in full activity, and papers are read calculated to rouse lively discussion. Dr. W. A. Hammond has been exciting great interest by a recent paper and demonstration before the Medico-Legal Society. The title of his communication was, "The Medico-Legal Relations of Syggnosticism," the last term being the novelty he applies to the phenomena commonly called hypnotism, animal magnetism, etc. After explaining his theory of the condition, he utilized in his illustrations, a young man named Gray, a very susceptible subject. After some of the ordinary preliminaries of mesmerizers, such as giving the subject a bit of glass to look at for a few minutes, and striking a tuning-fork at his ear, he proceeded to show how such an individual could be made a tool of unscrupulous persons in the commission of crime. The various steps in the act being suggested by Dr. Hammond, the young man went through the motions of committing burglary, murder and forgery, evidently putting himself pretty thoroughly into the various characters he represented, and showing no small amount of criminal acuteness in the transactions. Finally the doctor gave him a taste of remorse and fear of the final judgment for his crimes, making him see the avenging angel with a flaming sword in the air above his head, and the young man started in mortal terror, and fell headlong on the floor. The whole demonstration was interspersed with physical tests of the subject's unconsciousness *a la Russe* or *a l'Inquisition*, such as pinching, pricking, burning, until no further proofs of this kind could be offered without disfiguring or maiming the extremely accommodating subject.

The demonstration was, of course, very interesting and entertaining to all present, though there were the usual obtrusive skeptics about. It must also have been extremely suggestive to the lawyers, and to criminals, if any were present. It seems to us also, that it affords a useful suggestion in the histrionic line, for example, if a leading character is deficient, mesmerize some observant supe, and give him to understand that he is Booth or Jefferson, or whoever may be wanted for the part. The only difficulty that suggests itself is that the actor might take the cue too literally, and give a rather stronger representation of, say Othello, than the public taste demands.

Dr. Hammond's explanations of the phenomena, while scientific enough, seem unsatisfactory. He refers the unremembered acts in the hypnotic condition to automatic activity of the lower regions of the brain, the higher regions, in which are located the consciousness and the will, being inactive. The elaborate and consecutive character of the acts seem to somewhat discredit this explanation. Consciousness must be present, although there is afterward complete amnesia as to all that occurred while the subject was hypnotized, or, as Dr. Hammond has it, syggnosticized. His designation of the condition, like his explanation of it, will scarcely receive popular acceptance; it is rather too cacophonous, although correct etymologically.

Dr. Beard's theory of trance seems to afford much the most satisfactory explanation of the facts, and however little one may agree with Dr. Beard in many respects, it must be admitted that he has made a good point here. Dr. Hammond is, however, consistent with his formerly expressed views, that psychic activity exists wherever there is nervous action.

The Academy of Medicine is now much more active than usual. At the March 17 meeting Dr. Edward Sanders read a paper on "Croupous pneumonia as an acute infectious disease," in which he drew certain parallelisms between croupous pneumonia and the acute infectious diseases. Some of his parallelisms, considered as arguments, were very faulty. He stated, for instance, that the treatment of the acute infectious diseases, and the treatment of croupous pneumonia were the same, and his chief argument was from the nature of this parallelism. He claimed that croupous pneumonia and

acute infectious diseases agreed in the infrequency of occurrence, and in the number attacked; that acute infectious diseases pursue a uniform course, and croupous pneumonia does also; that acute infectious diseases and croupous pneumonia both agree in having varying complications at different times. His conclusions from these parallelisms were that croupous pneumonia was an acute infectious disease arising from a specific germ; that it was one of the miasmato-contagious group of diseases, and that the germ entered the body by being inhaled. During the discussion Dr. A. Flint agreed with the author that croupous pneumonia did not arise purely from cold, and that his views were in accord with those of Dr. Sanders. Dr. W. H. Draper thought it an error to say that the changes produced by croupous pneumonia originate only in the introduction of a specific poison. He believed that many cases resulted from severe tax on the nervous system. Dr. Loomis agreed with Dr. Draper in many respects, holding that the alleged relationship between croupous pneumonia and the acute infectious diseases depended on phenomena arising from the nervous system.

At the obstetric section Dr. J. Lewis Smith read a paper on "The treatment of pleurisy in children," in which he dealt with the treatment of this disease in its three stages. First. In the stage that precedes the effusion. Second. In the stage of effusion. Third. In the stage of absorption, and convalescence. At the commencement of the disease he claimed that abstraction of blood in idiopathic pleurisy may be of advantage if judiciously used, but not more than at most three leeches in a robust child, from two to four years old. In the first stage, he recommends as a poultice, one composed of one part mustard, and sixteen of linseed meal. Blistering he believes to be contra indicated. The indications for internal medication in the first stage are to reduce the pulse, to relieve pain and diminish cough. Tincture of aconite may be given in the first stage, in doses of half a drop to a child three years old. In secondary pleurisy, digitalis, also indicated in the first stage of primary pleurisy, is better than aconite. In the second stage measures to remove the effused fluid become necessary. Pilocarpine is contraindicated here on account of its depressing effect. Digitalis and acetate of potash are also

very useful. Surgical interference might become necessary. In the discussion Dr. Post favored free incision rather than aspiration in empyema, when surgical interference became necessary, and Dr. Salvatore Caro disapproved of blood letting, but claimed that large doses of tartar emetic relieved the capillary congestion, and favored the resolution of the inflammation.

A medico-legal case based upon the question of the existence of hysteria or myelitis is attracting much attention in Brooklyn. On the myelitic side of the question Drs. William A. Hammond and Edward C. Spitzka have been called as experts, and on the hysteria side, Drs. L. C. Gray, Allan McLane Hamilton and J. C. Shaw. The Brooklyn daily papers are indulging in full reports of the results of the cross-examinations. K.

REVIEWS.

MATERIA MEDICA AND THERAPEUTICS OF THE SKIN. By H. G. Piffard, A. M., M. D., Professor of Dermatology, Medical Department of the University of the City of New York; Surgeon to the Charity Hospital, etc. Wood's Library of Standard Medical Authors; February, 1881. Wm. Wood & Co., New York; W. T. Keener, Chicago.

The present work has been according to its preface, an outgrowth of the author's own requirements. The book is composed of two great divisions, *Materia Medica* and *Therapeutics*. The first is drawn from the following sources: The American, English, French, German and Polyglot homœopathic pharmacopœias, the National and United States Dispensatories. It is arranged in a rather complicated manner, the principles of which are easily comprehensible, however. In this portion of the book is a very good account and defense of the trituration of mercury with sugar of milk, and the author points out that this way of preparing the drug often yields good effects, while when given singly in even larger doses, it fails. The second part, *Therapeutics*, shows the author's tendency to accept the views of the French school of dermatologists. He, however, is not too partisan but attempts a middle course between the German and French dermatologists. The subject of the diatheses is then discussed, and as the author leans to the French school,

he of course accepts their existence, and claims that the following diatheses are the most important: the Rheumatic, Scrofulous, Syphilitic, Leprous and Ichthyotic. Each of these is then taken up in detail. First the Rheumatic or Dartrous diathesis. The question of the existence of this diathesis is discussed, and decided in the affirmative; the general symptoms of the dermatoses composing it and its treatment being then considered. After a consideration of the diatheses, the special dermatoses are taken up and very carefully considered from a therapeutical point of view. The author's views at a more strait-laced period, would have caused him to be looked upon as not altogether orthodox in his medical faith. He has evidently made a pretty thorough research of the pharmacopœias of the irregular schools, and, as the results of this research have been proved valuable clinically, deserves praise for his thus defying the odium medicorum. He attempts in this work, to give a correct idea of the drugs that affect the skin and the rationale of their action. In conclusion, it may be said that this work is one of the best contributions to the therapeutics of dermatology and forms an excellent supplement to the pathological and semeiological portions of works like Duhring and Fox.

DRUGS THAT ENSLAVE.—Opium, Morphine, Chloral and Haschish Habits by H. H. Kane, M. D., N. Y. Presley Blakiston, Philadelphia, 1881; Jansen, McClurg & Co., Chicago.

This book, to judge from the preface of the author, is an attempt to give detailed information respecting certain morbid appetites. It records a number of facts concerning opium eating not obtainable elsewhere; at the same time there is much found in it that is too purely ethical for a book intended for the profession alone. The author does not practice Levenstein's method of cutting off the use of opium abruptly, but believes in the tapering off theory, denouncing Levenstein's method as a very cruel one. It may be cruel, but it is much more effectual than the tapering off process. The attempt at differentiation of the opium from the morphine habit made in the title, is not borne out in the text. The author is evidently not familiar with the tendency of certain insane patients to collect trash, as he mentions as rather peculiar, a similar tendency among certain cases

mentally affected by the use of opium. The chloral habit is described with much attention to detail, and the author has succeeded in settling one fact, that there are more people who do not observe than who do; eighteen superintendents of insane asylums have reported to him that they failed to notice anything peculiar in the after results of chloral, a statement fully in consonance with the usual habits of clinical observation among those gentlemen. He believes that the cuticular inflammation around the nails, reported by Kirn, Nathan R. Smith and Kiernan is due to impurity in the chloral used, an opinion that appears inadmissible, as one of these observers distinctly states that the chloral used was from some of the best makers. In expressing an opinion of this kind, Dr. Kane fails to take into account the tendency to trophic changes among the insane and has evidently met with this phenomenon very rarely. The chloral habit is much more frequent than even the author imagines, and in many cases is found to have had its origin from the careless prescription of the drug, especially to hysterical women and hypochondriacal dyspeptics. While the book is not as well written as it might be, it still contains facts that are of great value. It is well printed, but the illustration of Laocoon is out of place in a work intended only for the medical profession, and the illustration of the Bellevue Hospital orderly who covered himself with hypodermic syringe wounds has become rather hackneyed by its frequent reproduction from the author's last work. In conclusion, it may be said, despite its sensational title, its hackneyed illustrations, and its lack of system, the book is well adapted for reference and will repay its purchase by the practitioner who is too busy to have ready access to the recent literature of the "inebrieties."

AIDS TO DIAGNOSIS. Part I, Semeiology, by J. Milner Fothergill, M. R. C. P., London; Part II., Physical, By J. C. Thorowgood, M. D., M. R. C. P.; G. P. Putnam's Sons, New York, 1881; Jansen McClurg & Co., Chicago.

I. The object of this little work is, according to its author, to explain to the student what it is that directs the experienced practitioner in putting his questions to his patients and that which prompts the use or not of his instruments of precision. In it are a great many directions likely to be valu-

able not only to the student but even to the practitioner. The book is well issued by the publishers.

II. This book, like the previous volume, is intended merely for students. It presents in a concise form many valuable points in physical diagnosis, and is likely to be of more service than a more pretentious work.

MARINE HOSPITAL SERVICE.

OFFICIAL List of Changes of Stations and Duties of Medical officers of the U. S. Marine Hospital Service, from January 1, 1881, to March 31, 1881.

Bailhache, P. H., Surgeon. Detailed as Chairman, Board of Examiners, Jan 4, 1881. To report to Barnstable, Boston and New Bedford, Mass., and Providence, R. I., as inspector, Feb. 1, 1881. To proceed to Wilmington, N. C., as inspector, assume temporary charge of the Service, and superintend the re-opening of the Marine Hospital at that port, March 12, 1881.

Long, W. H. Surgeon. Detailed as member Board of Examiners, Jan. 4, 1881.

Fessenden, C. S. D., Surgeon. Detailed as chairman, Board of Survey, for the physical examination of officers of the Revenue-Marine Service, Feb. 8, 1881.

Doering, E. J., Surgeon. Detailed as recorder, Board of Examiners, Jan. 4, 1881.

Gassaway, J. M., Passed Asst. Surgeon. Detailed as recorder, Board of Survey, for the physical examination of officers of the Revenue-Marine Service, Feb. 8, 1881.

Smith, Henry, Passed Asst. Surgeon. Granted leave of absence for thirty days, from March 1, 1881. Feb. 8, 1881. Upon expiration of leave of absence to proceed to Norfolk, Va., and assume charge of the service, relieving Surgeon R. D. Murray. March 15, 1881.

Irwin, Fairfax, Asst. Surgeon. When relieved by Asst. Surgeon W. A. Wheeler, to proceed to Wilmington, N. C., and assume charge of the service, relieving Surgeon Bailhache. March 30, 1881.

Guitéras, John, Asst. Surgeon. To proceed to Key West, Fla., and assume charge of the service, relieving Passed Asst. Surgeon Smith. Feb. 5, 1881.

Wheeler, W. A., Asst. Surgeon. To proceed to Charleston, S. C., and assume charge of the service, relieving Asst. Surgeon F. Irwin. Mar. 30, 1881.

Benson, J. A., Asst. Surgeon. To proceed to St. Louis, Mo., and report to Surgeon H. W. Sawtelle, for duty. Feb. 5, 1881.

Carmichael, D. A., Asst. Surgeon. To proceed to Boston, Mass., and report to Surgeon J. Vansant, for duty. Feb. 5, 1881.

Armstrong, S. F., Asst. Surgeon. To proceed to New Orleans, La., and report to Surgeon H. W. Austin, for duty. Feb. 5, 1881.

APPOINTMENTS.

The following candidates having passed the examination required by the Regulations were appointed Assistant Surgeons, Feb. 4. 1881:

Duncan Carmichael, of New York.
Samuel T. Armstrong, of Missouri.

THE ARMY.

OFFICIAL List of Changes of Stations and Duties of Officers of the Medical Department, U. S. Army, from March 29 to April 12, 1881.

Moffatt, P., Capt. and Asst. Surgeon. Relieved from duty at Camp Spokane, W. T., and ordered to Ft. Walla Walla, W. T., until further orders, for medical treatment. S. O. 35, Dept. of the Columbia, March 20, 1881.

Woodruff, E., Capt. and Asst. Surgeon. Relieved from duty in Dept. of Texas, to proceed to New York City, and by letter, report arrival to the Surgeon General. S. O. 72, A. G. O., March 30, 1881.

Ainsworth, F. C., Capt. and Asst. Surgeon. Now awaiting orders in New York City—to report in person to the comd'g general, Dept. of Texas, for assignment to duty. S. O. 72, C. S., A. G. O.

Worthington, J. C., Capt. and Asst. Surgeon. Now on leave of absence—to report in person to the comd'g general, Dept. of the East, for assignment to duty. S. O. 72, C. S., A. G. O.

BOOKS AND PAMPHLETS.

First Biennial Report of the Board of Trustees and Officers of the Minnesota Hospitals for Insane, for the fiscal years 1879 and 1880. Being the thirteenth and fourteenth annual reports of Minnesota Hospital for Insane, Saint Peter, and second and third annual reports of Second Minnesota Hospital for Insane, Rochester, to the Governor of Minnesota.

Henry B. Baker, M.D., Lansing, Mich. Diagrams illustrating a paper on the Systematic Study of the Causes of Sickness and Deaths. Read at the Sanitary Convention at Battle Creek, Michigan, March 29, 1881.

Francis H. Stewart, A.M., M.D., Brooklyn, N. Y. The Management of the Perineum during Labor, and the Immediate Treatment of Lacerations, and the Obstetrics and Gynecology of William Harvey. Reprinted from the Proceedings of the Medical Society of the County of Kings, March and April, 1881.

Hon. William Windom, Washington, D. C. Isthmus Ship Canals. Speech of Hon. William Windom, of Minnesota, in the Senate of the United States, February 28, 1881.

Surgeon General, Washington, D. C. Quarterly Report of Medical Officers, United States Army, with their Stations and Duties, as reported to the Surgeon General, April 1, 1881, or at date of last Report received at his office.

MORTALITY IN CHICAGO FOR MARCH, 1881. POPULATION, CENSUS 1880, 503,298
Oscar C. De Wolf, M. D., Commissioner of Health. M. K. Gleason, M. D., Registrar of Vital Statistics.

ZYMOTIC DISEASES.		Cancer—Rectum..... 1		ORDER 3—Respiratory.		DEVELOPMENTAL.	
ORDER 1—Miasmatic.		Cancer—Uterus..... 3		Abscess—Lungs..... 1		ORDER 1—Children.	
Carbuncle.....	1	Dropsy..... 4		Asthma..... 5		Atelectasis Pulmonum... 1	
Cholera—Infantum.....	3	Lencocythemia..... 1		Bronchitis..... 28		Cyanosis..... 5	
Cholera—Morbus.....	2	Marasmus—Senile..... 5		“ Capillary..... 13		Congenital Deformity... 3	
Croup.....	30	Marasmus—Infantile..... 12		Congestion—Lungs..... 14		Congenital Debility..... 14	
Diarrhoea.....	10	Rheumatism..... 8		Emphysema..... 1		Dentition..... 2	
Dysentery.....	1	ORDER 2—Tubercular.		Hiccough..... 1		Spinia Bifida..... 2	
Diphtheria.....	40	Caries of the Vertebrae... 1		Pleuritis..... 4		Umbilical Haemorrhage.. 1	
Entero-Colitis.....	4	Hydrocephalus..... 1		Pneumonia..... 65		ORDER 2—Women.	
Erysipelas.....	6	Haemoptysis..... 2		Pneumonia—Broncho... 5		Abortion..... 1	
Fever—Cerebro-Spinal... 30		Phthisis Pulmonalis..... 76		Pneumonia—Pleuro... 2		Childbirth..... 1	
Fever—Intermittent.....	1	Scrofula..... 4		ORDER 4—Digestive.		Hemorrhage, Post-Partum 1	
Fever—Remittent.....	3	Tabes Mesenterica..... 4		Cirrhosis—Liver..... 2		Puerperal Pyæmia..... 1	
Fever—Scarlet.....	7	Tubercular Meningitis. 5		Colic..... 1		Puerperal Septicæmia... 2	
Fever—Typhoid.....	13	LOCAL.		Dis. of the Pancreas... 1		Puerperal Convulsions... 1	
Fever—Typho-Malarial... 4		ORDER 1—Nervous.		Enteritis..... 18		Puerperal Peritonitis... 8	
Fever—Typhus.....	1	Apoplexy—Cerebral..... 6		Gastritis..... 4		ORDER 3—Old Age.	
Measles.....	3	Atrophy—Brain..... 1		Gastro-Enteritis..... 8		Debility—Senile..... 23	
Pyæmia.....	1	Cerebritis..... 2		Hernia..... 1		ORDER 4—Nutrition.	
Septicæmia.....	2	Congestion—Brain..... 3		Hepatitis..... 5		Asthenia..... 3	
Small-Pox.....	29	Convulsions—Infantile... 72		Intussusception..... 1		VIOLENCE.	
Whooping Cough.....	6	Encephalitis..... 7		Peritonitis..... 12		ORDER 1—Accident.	
ORDER 2—Euthetic or Inoculated.		Epilepsy..... 4		Pharyngitis..... 1		Burned..... 2	
Syphilis—Congenital.... 2		Exhaustion..... 2		Stricture—Esophagus... 1		Fracture of Spine..... 2	
ORDER 3—Dietetic.		Hemiplegia..... 3		Stricture—Intestines... 1		Fracture—Skull..... 1	
Alcoholism—Chronic..... 5		Hydrocephalus—Acute... 6		Typhlitis..... 1		Scald..... 2	
“ Delirium Tremens... 1		Meningitis—Cerebral... 25		Ulceration—Stomach... 4		Shock from R.R. Accid't.. 10	
Inanition.....		Meningitis—Spinal..... 1		Ulceration—Bowels..... 1		“ Surg. Operat'n..... 6	
Purpura.....		Myelitis..... 1		ORDER 5—Urinary.		Suffocation..... 1	
Bronchocele.....		Paralysis..... 3		Bright's Disease..... 8		Wound by fall..... 2	
ORDER 4—Parasitic.		Paralysis—Heart..... 1		Diabetes..... 2		Poisoned—Opium..... 1	
Aphthæ.....		Softening of Brain..... 3		Nephritis..... 3		ORDER 2—Homicide.	
CONSTITUTIONAL.		Tetanus—Traumatic..... 1		Ischuria..... 1		Manslaughter.....	
ORDER 1—Diathetic.		Trismus Nascentium... 2		ORDER 6—Generative.		ORDER 3—Suicide.	
Anæmia.....	2	ORDER 2—Circulatory.		Metritis..... 1		Gunshot..... 2	
Anasarca.....	2	Aneurism Aorta..... 1		Metro-Peritonitis..... 1		Strangulation..... 2	
Cancer.....	1	Angina Pectoris..... 1		Hæmatocele..... 1		Poison—Strychnine..... 1	
Cancer—Bowels.....	2	Embolism—Heart..... 1		ORDER 7—Locomotory,		“ Morphine..... 1	
Cancer—Breast.....	1	Endocarditis..... 3		Osseous.		Ill Defined..... 4	
Cancer—Mouth.....	1	Heart—Organic disease.. 11		Caries—Knee-Joint..... 1		Unknown..... 1	
Cancer—Stomach.....	8	Heart—Valvular Disease. 7		ORDER 8—Locomotory,		Total Deaths..... 874	
		Heart—Fatty Degenera'n 2		Integumentary.			
		Pericarditis..... 2		Abscess—Pelvic..... 2			
		Syncope..... 1					

WARDS.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Public Insti- tutions.	Total.
Small Pox.....				1	4	2	1						1	1	5	2	1		11	29
Measles.....						1	1					1		1						3
Scarlatina.....	2	1			1	2	1													7
Diphtheria.....		1	3	3	1	2	4	1				2	2	13	3		1	3	1	40
Croup.....	2		1	1	1	1	5	1	1	2			2	7	2		1	3		30
Whooping Cough.....						1	1	1	1						1	1				6
Fever—Typhus.....																			1	1
“ Typhoid.....				1	1	1	3	2	1					3						13
“ Cerebro-Spinal.....		2	1	1	5	2		2	1	2		3	3				2		5	20
“ Malarial.....		1					1	1			1			2	1	1				8
Diarrhoeal Diseases.....	1		1		2	2	1		1		1	1	1	2	1	1	1	1	2	19
Other Zymotic Diseases..	1	3	1		1	4	2	1	2			3	3	4	1	1	2		8	37
Total.....	6	8	7	7	16	17	20	9	7	4	2	11	12	33	14	6	8	7	28	223
Phthisis Pulmonalis.....	1	1	2	2	6	4	6	4	3	6	1	4	2	13	6	4	4	4	9	82
Acute Lung Diseases.....	1	7	1	4	20	15	7	7	4	8	2	6	5	20	2	4	3	2	10	128

Wards	Popula- tion.	Density per Acre.	Deaths under 5 yrs. of age.	Total Deaths in Ward	Deaths in 1,000 of Popu't'n.	Wards	Popula- tion.	Density per Acre	Deaths under 5 yrs. of age.	Total Deaths in Ward	Deaths in 1,000 of Popu't'n.
1	14,765	30.78	6	12	....	12	27,914	12.59	11	35	1.25
2	20,099	51.00	10	29	1.44	13	20,857	14.58	26	44	2.11
3	16,798	38.31	11	24	1.43	14	56,534	18.37	72	120	2.12
4	28,102	26.26	13	37	1.32	15	28,863	33.29	20	50	1.74
5	47,500	16.50	35	70	1.47	16	23,771	44.52	16	34	1.43
6	40,899	9.78	47	77	1.88	17	24,676	64.42	15	32	1.30
7	37,457	26.69	24	56	1.49	18	22,331	40.37	9	28	1.25
8	37,146	57.68	22	42	1.13	Public institutions...			30	77	....
9	17,477	60.35	13	28	1.60	By violence.....			..	33	....
10	15,754	60.61	14	26	1.65	Unknown .....			..	..	....
11	22,364	38.95	7	20	0.89	Total....			874		

AGES.							
Under 5 years.....	401	From 4 to 5 years.....	14	From 40 to 50 years.....	60	From 90 to 100 years.....	2
Under 1 year.....	240	“ 5 to 10 “.....	49	“ 50 to 60 “.....	63	100 years and upwards..	
From 1 to 2 years... 84		“ 10 to 20 “.....	38	“ 60 to 70 “.....	44	Unknown.....	1
“ 2 to 3 years..... 36		“ 20 to 30 “.....	95	“ 70 to 80 “.....	26		
“ 3 to 4 years..... 30		“ 30 to 40 “.....	77	“ 80 to 90 “.....	15	Total.....	874

COMPARATIVE MONTHLY MORTALITY.—Mar., 1879, 646; Mar., 1880, 833; Feb., 1881, 836; Mar., 1881, 874
Premature Births....11. Still Births.....1. 17.36 deaths in 1,000. Annual rate per 1,000, 20.84

Chicago Medical Review

PUBLISHED ON THE FIFTH AND TWENTIETH OF THE MONTH.

E. C. DUDLEY, EDITOR.

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VOL. III. No. 9.

CHICAGO, MAY 5, 1881.

\$2.00 A YEAR

VIRTUE ITS OWN REWARD.—The citizens of New York, alarmed at its high death rate and its dirty streets, have risen to an outburst of popular indignation not equalled since the downfall of Tweed, and have demanded measures calculated to secure clean streets, from the legislature. Foremost among those making the demand are certain members of the medical profession. Professional dignity requires physicians to be foremost in all sanitary reform, and in their anxiety to see that the dignity of the profession was not injured by backwardness in this popular sanitary outcry, these gentlemen have wholly ignored the immense amount of advertisement they thus secure, or have nobly sacrificed their objections to it on the altar of professional duty. They are much to be congratulated on this conscientious action, as by it they not only secure the approval of all right thinking medical men who regard professional dignity as the great object in life, but also the endorsement of the daily press as the "prominent medical practitioners of the city." Such physicians of the city of New York as, from a narrow bigoted feeling that these public performances were against the spirit if not the letter of the code of ethics, failed to take any part in this movement, must now feel the reproach of their consciences for not preserving professional dig-

nity, more especially as they do not appear in the list of "prominent physicians." It is true the gentlemen, who have thus secured the endorsement of the press, about a year ago fiercely denounced and attempted to discipline certain members of the profession who had tried to secure reforms in the charitable institutions by means of the press, after essaying in vain to rouse the profession to the wrongs that were being committed. But professional dignity was involved in a different way then, as these latter gentlemen had taken up a cause regardless of its being unpopular, and it was but fitting to discipline them for such a faint sense of dignity. Although these "prominent physicians" have been greatly eulogized by the newspapers, they have not escaped detraction. They drew up a petition to the legislature which was stigmatised by the irreverent assemblymen as "an advertising dodge of the doctors," and the assembly member for which, he being a physician, has been stigmatised by the practitioners as a traitor to his profession, who was to present it, failed to do so. Despite these calumnies of interested politicians, serene in the consciousness of having done their duty by the dignity of the profession, these gentlemen no doubt feel that virtue may be its own, but in the present instance is not its only reward.

INSANE ASYLUM CONFLAGRATIONS.—About six months ago the Review alluded to the conflagration at St. Peter's Insane Asylum. Since this, the truth of the criticisms then passed has been amply demonstrated by several insane asylum conflagrations, the latest being at Anna, Illinois, nearly all resulting in loss of life. But one superintendent has seen fit to draw lessons of any value from these conflagrations; others still persist in adhering to the old theories of the Asylum Association regarding asylum construction. This, however, results as much from certain political factors, hitherto ignored in the discussion of the subject, as from the ignorant conservatism of that body. Asylums are very frequently erected as sops to the thirst for internal improvements which so frequently seizes the people of semi-urban districts. For this purpose, trustees are chosen from the locality surrounding the asylum, and as their object is to spend the money rather for the benefit of the district than for the patients, these enormous caravanseries are erected. No change can be effected until the whole system of trusteeship is abolished and the entire authority for asylum erection and control vested in a small body of state officials, or if possible, in a single individual. The result of this would be less expenditure on the part of the state, a better system of asylum construction, and a greater responsibility than exists under the present state of things. As direct causes of conflagration, the system of having coils of steam-pipe in bath rooms, plays a very prominent part. The attendants and patients often place old rags, etc., under these and forget them, thus furnishing a good nidus for a conflagration. This matter seems a trifling one, yet after reading the account of many asylum conflagrations, one can scarcely fail to come to the conclusion that the bath-room coil of steam-pipe has played an important part. All steam-heating apparatus should be on the wards, in full view, and not hidden away in places likely to escape inspection. Attention to the greater matter of asylum con-

struction and to minor details like the one just mentioned, would prevent the majority of these conflagrations.

DEATH FROM PROLONGED STARVATION.—The Iowa City Medical Society recently passed a resolution condemning the criminal carelessness that allowed Miss Hattie Deuell to starve herself to death. In noticing this action of the society the New York Medical Record of April 18, 1881, says: "It is not shown, however, how it (the death) could have been prevented." This comment of the Record is on a par with its endorsement of "sulphate of oxygen" as a stimulant, for every year scores of such lunatics are prevented from starving themselves to death, by the simple process of forcible feeding described in even the most mediocre treatise on insanity.

FEMALE PHYSICIANS.—At a recent examination for the position of interne to the Cook County Hospital, Dr. Mary E. Bates was a candidate, and having passed through the ordeal with credit to herself and the college at which she graduated, it might have been expected that she would receive, without opposition, the position to which she was entitled, in accordance with the rules laid down previously. The questions of sex, or of the ability of female physicians, were all foreign to the subject. In allowing this lady to compete for the position an implied contract was entered into that she should receive it if found properly qualified. The recent action of the Cook County Commissioners in resolving that it was inadvisable to appoint female physicians to a general hospital, is therefore in violation of the most ordinary principles of law. This inadvisability, if such exist, should have been foreseen by the commissioners, and the lady prohibited from applying for examination. In the present condition of things the resolution is only a rather cowardly slur, since it has not been followed up by any decided action, as Dr. Bates still retains her position.

MALTHUS AND THE BIRTH RATE.—The New York Medical Record, March 26, in discussing the question of the decline in the birth rate, advances the proposition that Malthusian doctrines should be applied with caution to the consideration of this question, citing as evidence of this proposition, the large emigration from Sweden, a thinly populated country, and the flourishing state of the Netherlands, the most densely populated region in Europe. There are many errors in this argument of the Record. The Malthusian doctrine takes into account two factors, the increase of the food production and the increase of the birth rate; if these be proportional, no evil results, no matter how densely populated the country be in proportion to its extent, while the exact converse of this state of things is also true. The Netherlands, viewed from the standpoint of food production, are the richest countries in Europe, while Sweden is one of the poorest. These instances, therefore, do not modify, but fully confirm the Malthusian doctrine. The Record's other errors need not be mentioned, as the one just considered is the most fundamental, and to it the others were subordinate.

THE FLOOD AND CHICAGO'S SANITARY CONDITION.—The recent overflow of the Desplaines river has been cited by alarmists as a bad omen for the health of the city during the summer, but a slight consideration of the circumstances of the case will show that this opinion is unwarranted. According to Dr. DeWolf, the present able health commissioner, a similar state of things occurred during the year 1877, but the death rate of that year was exceptionally low. While, as Dr. DeWolf has pointed out, there may be a slight increase in diarrhoeal diseases, due to contamination of the lake water, still it is well to remember that this contamination did not occur before April 25, as the wind was blowing in a direction that would drive the river water away from the crib. So that while a certain amount of disease may occur from the ac-

cidental contamination of the lake water, the great good that will result from the cleansing of the river by the flood will fully compensate for this.

ACTION OF GASES ON BACTERIA.—If the germ theory be accepted provisionally, then the manner in which these germs are affected by different substances becomes of special interest. In a paper lately read before the English Chemical Society, Mr. Hatton gave the results of some interesting experiments, made to determine the influence of gases on bacteria. The bacteria were obtained by shaking fresh meat with distilled water. The aqueous extract was filtered and then exposed to the air for twenty-four to thirty-six hours. The following simple method of applying the gases was adopted. A small flask was half filled with mercury, then filled with the bacteria solution and inverted. The gas employed was then passed into the flask by a glass tube until the mercury was nearly all expelled. A portion of the liquid was withdrawn every day and the condition of the bacteria examined. Air was the first gas tried. The experiment lasted fifteen days. The bacteria flourished during the entire time. The air lost a large quantity of oxygen, but this was not replaced by carbonic acid. An atmosphere of pure hydrogen for fourteen days had no effect on the bacteria exposed to it. Pure oxygen after ten days showed thirty per cent. of carbonic acid. A mixture of carbonic oxide and nitrogen was next tried for fourteen days. In these gases the bacteria flourished well. The carbonic oxide was nearly all converted into carbonic acid. The more poisonous gases were also tried. Cyanogen converted the solution into a black syrupy liquid. At the fifth day the bacteria had almost disappeared. On the twelfth day, however, they were nearly as numerous as ever. It appears that cyanogen is fatal to bacteria as long as it exists as cyanogen, but it is soon converted into ammoniacal oxalate, and then the bacteria reappear. Experiments were also made with liquids containing salicylic acid, strychnine

nine, morphine, narcotine, and brucine. In all these solutions the bacteria flourished. On the other hand, carbolic acid, alcohol, and potassium permanganate were destructive to these organisms. On the whole, it appears from the foregoing that bacteria are endowed with unexpected vitality, and it may be inferred from this that other microscopic germs are also.

CONIUM IN BRONCHIAL CATARRH.—The use of this remedy in bronchial affections is by no means new, but from various causes it has fallen into desuetude in this class of affections. Dr. J. J. Frederic Barnes (*British Medical Journal*, March 5, 1881,) claims the succus acts well in those cases of bronchial affections in which irritation of the tracheo-bronchial membrane following cold is the salient feature; in cases attended by pyrexia and general malaise it was not of much value, the dose given varied from fifteen to twenty minims of the succus every four hours. He believes that conium owes its action in these cases chiefly to the sedative effect of its derivative, methylconia, on the nervous respiratory centers.

EFFECTS OF HYDROPHOBIC BLOOD TRANSFUSION.—Lussana (*Centralblatt für Chirurgie*, February, 1881,) has injected blood obtained from a hydrophobic patient into the femoral veins of two dogs. The first dog became quiet and apathetic, but not otherwise abnormal, dying on the twenty-sixth day. The second dog was at first melancholic and emaciated; five months after was attacked by convulsions and became very quarrelsome, and was killed, six months after the inoculation. From these two cases Lussana draws the rather absurd conclusion, that the dog's melancholia was due to the gradual weakening of the rabietic virus. The experiments are too impure and too few to draw any conclusions from. The comparison between Pasteur's chicken cholera inoculation and these, is too far fetched to be worthy any one claiming to be scientific.

MASSAGE IN HEPATIC CONGESTION.—The subjects apparently most prominently before the profession, at present, are nerve-stretching, abdominal surgery, hypnotism, and lastly, massage. The range of this latter means of treatment appears rapidly extending, and the latest condition suggested as furnishing an indication for its use, is hepatic congestion. Dr. Durand-Fardel, (*Bulletin Général de Thérapeutique Médicale et Chirurgicale*, March 30, 1881,) claims that in simple congestion of the liver, massage of that organ has proven of value in his hands. The treatment is begun by at first subjecting the abdomen to slight general massage. The region of the liver is then subjected to slight massage, more particularly over the more affected portion. Deeper and deeper pressure of the liver is then made; it being slightly percussed from time to time. Its border is then grasped by the hand as well as can be done through the abdominal walls, and rather firm pressure made upon it. These manipulations are said to be generally pleasant to the patient, and to be followed by a sense of well being. These manipulations may be of value in hepatic congestion of itself, at the same time it is possible that all their effects are due simply to the mental impression made on the patient. The evidences of local peritonitis should be a contraindication to these manipulations which are otherwise likely to be of value.

THE PEPTONE INTRA-VEINUS INJECTION.—If a peptone be injected into the veins of a dog, it exerts a peculiar effect on the blood. After a few moments the blood taken from any of the vessels of the animal's body is wholly incapable of coagulation. The peptones do not act so markedly on rabbits and sheep as on dogs. The quantity of a peptone sufficient to prevent coagulation is very small. It amounts, in the case of a dog to only fifteen grams for each kilogram of weight. The peptones after injection rapidly disappear, and seem to be assimilated by the tissues.

HYDROPHOBIA.—Duboiné (Bulletin Général de Thérapeutique Médicale et Chirurgicale, March, 1881,) has enunciated certain views respecting the pathogeny and treatment of hydrophobia, that are decidedly original in some respects. He claims first, “that the rabietic virus, the principal agent in producing hydrophobia, is not absorbed, it is insensibly propagated along the nerve fibers attacked by it at their peripheral termination.” From this follow several conclusions: “That the rabietic virus is propagated across the substance of the axis cylinders to the corresponding nerve cells; that the sensory fibers are the ones most probably affected, to the exclusion of the motor. That the morbid agent progresses slowly in a centripetal direction from the seat of the bite to the medulla, and very rapidly in a centrifugal direction from this latter organ to the sensory nerves leading from it. The phenomena of the disease arise when the rabietic poison has reached the medulla, and very often announce their onset by pain on the side affected, radiate along the nerves proceeding from the place bitten, or pain at the place bitten itself. The period of incubation is shorter in proportion to the distance from the medulla to the place bitten, and for these reasons the period of incubation is shorter in the child than in the adult, in bites of the face than in those of the extremities, and probably in dwarfs than in giants. That in certain cases the rabietic poison passes from the peripheric end of the injured or uncovered nerve through its anastomoses to a neighboring nerve, and along this to the mesencephalon. That the anatomical distribution of the nerve as regards anastomoses may affect the duration of the period of incubation, and this is also affected by the state of the patient’s nutrition. That the morbid phenomena characterizing the period of invasion affect more particularly the general and special sensibility which at first become more exquisite and end by becoming blunted, the blunting bordering in certain places upon paralysis. The lesions

of hydrophobia are of two kinds, primary, visible only to the microscope and consisting in a very great opacity of the nerve cells, and in a granular condition of these cells and a certain number of afferent or efferent nerve fibers. Second, secondary lesions which are visible to the naked eye, and consist of more or less marked congestion of certain organs. That once in contact with the medulla and spinal cord, the rabietic virus is carried rapidly in all directions, according to the course of the fibers proceeding from these nerve centers.” The next conclusion is not altogether original, as a Russian observer claimed to have made discoveries of this kind, but his results have not been confirmed by any one else except Duboiné who believes that it is probable that where the nerves are superficially placed under a very thin and easily permeable mucous membrane, the contagious principle may traverse the mucous membrane and raise the epithelium, which then takes the form of more or less voluminous vesicles. This accounts, on the one hand, for the poisonous nature of the buccal liquids which Duboiné claims has been shown in numerous cases, and on the other for the occurrence of lyssa in certain rare and exceptional cases, and shows what is to be feared from sucking out the wound inflicted by a rabid dog. That characteristic lesions of lyssa are unilateral as shown both by reasoning and attentive observation, from which results that the liquid becomes poisonous only in one-half the mouth, and consequently only half the wounds inflicted by rabid dogs result in rabies; this is confirmed by Renault’s statistics. That the virulence of the bronchial foam is doubtful. That the bites of rabid wolves are more dangerous, because being made with more ferocity the buccal liquids of both sides are freely mingled. That the virulence of the buccal liquid persists twenty-four hours after death. That lyssa is allied to a great number of diseases of peripheral origin, like the eruptive fevers, and syphilis, as also neuritis ascendens, epilepsy, tetanus,

etc. From these conclusions result the following therapeutic indications: First, that the rabietic virus should be destroyed at the place where the wound has been inflicted. Second, that in case this has not been done the advance of the poison to the spinal cord and medulla should be checked. Third, that if both these indications have been neglected the sensibility of the medulla should be treated during the whole period of incubation, and for this purpose injection of medicinal substances into the veins should be practiced in order to prevent, if possible, the ordinarily rapid progress of asphyxia. The originality is chiefly to be noted in the conclusions respecting the "unilateral" character of the lesion and its consequences. In many respects the theory is decidedly bizarre, and illustrates the strange tendency to self-deception respecting hydrophobia that seems to follow the study of that disease.

SENILE SPINAL MENINGITIC CHANGES.—Heschl and Ludwig have found on autopsy of a paralyzed insane woman, aged sixty-five, certain peculiar changes in the dura mater of the spinal cord hitherto unknown. The dura mater presented along the whole length of the dorsal portion in its posterior aspect, a fine yellow dotting arranged in rhomboidal figures with their long axis parallel with the longitudinal axis of the spine. The series began in the lower cervical region with an isolated group of yellow dots about six-tenths of an inch in diameter. Immediately below this was a second group rather larger, which was connected by a narrow bridge with a third. From this point the groups gradually became closer and the yellow dots more thickly clustered, until the series ended rather abruptly in the lumbar region. The changes were most extensive between the sixth and tenth lumbar vertebræ, presenting the appearance of a ribbon with dentated borders, the dentations corresponding to a vertebral arch. Subsequently (*British Medical Journal*, March 5, 1881,) Heschl found that this

change was confined to subjects who had passed their sixtieth year. The changes were found to result from the presence in the inner third of the membrane, of calcareous granules, similar in composition to bone-earth. Heschl regards the change as a senile one and not necessarily connected with any pathological condition of the nervous centers. The change had not been previously noticed by pathologists.

IPECAC IN PNEUMONIA.—In a recent article on this subject, Dr. Verardini (*Bulletin della Scient. Med. di Bologna*), comes to the following conclusions: First; that ipecac is contraindicated in case of hæmoptysis. Second; that it is of value and is well borne in pneumonia. Third; that it produces anaemia of the lungs by reducing vascular tension. Fourth; that it is of benefit only by reducing vascular tension, not by producing nausea or vomiting. He claims to have arrived at these conclusions through experimentation.

TUBERCULAR MENINGITIS.—Dr. Jules Turin (*Jahrbücher für Kinderheilkunde*) who has been studying the subject of the temperature of tubercular meningitis, arrives at the following conclusions respecting it: First; tubercular meningitis has always a rise in temperature in some stage rarely, however, during its entire duration. Second; the disease rarely begins with a sudden rise in temperature. Third; a temperature curve is difficult to establish. Fourth; a temperature of 102.2° F. is rarely exceeded, the temperature varying between 100° F. and 102° F., and occasionally sinking below normal. Fifth; the type usually presented is remittent, the variations being usually normal. Sixth; co-existing febrile disease will render the temperature higher. Seventh; acute general tuberculosis may cause more considerable febrile exacerbations. The temperature in tubercular meningitis is therefore scarcely to be much relied on in differential diagnosis.

ORGANISMS IN DIPHTHERITIC MEMBRANES.—The observations of Klebs and Letzerich on the organisms of diphtheritic membranes have not had results of any value; they have shown that the organisms obtained by cultivation from these membranes kill rabbits, but the cause of the death is more likely septicaemia than anything else. Talamon (*Progrès Médical*, February 12, 1881,) who has been experimenting with diphtheritic false membranes, has had results which far outrank those of the German observer in definitiveness and value. He obtained, by cultivation of false membranes of undoubted diphtheritic origin, a fungus composed of long-jointed mycelial rods and spores of two kinds, the one oval and giving rise to the mycelium, the other rectangular and showing, after a time, minute brilliant specks in their interior about the size of an ordinary micrococcus. The rectangular bodies are regarded as conidia, and the micrococcus-like specks are the true "germs of the fungus." Rabbits, guinea-pigs, frogs and pigeons, on being inoculated with the fluid, all died but two, and in all the characteristic conidia were obtained from some of the fluids of the body. One rabbit died from an enormous swelling of the throat, similar to that found in some cases of diphtheria. Talamon produced false membranes in four pigeons by scraping the mucous surface with a bistoury and then placing fluid in which the fungus had been cultivated, on the scraped surface. This procedure was followed by the appearance of a false membrane covering the inner surface of the cheeks, the tongue, the velum palati, and the upper part of the pharynx. The membrane so obtained consisted, as in man, of epithelial cells, fat granules, micrococci, bacteria, and yielded on cultivation the characteristic organism. The frog's stomach was the organ attacked by the diphtheritic process. Three frogs died from eight to twelve days after inoculation, their tissues being filled with the organism. A fourth frog was then placed in the water in which the others had lived and

died, dying ten days subsequently. His stomach was found to be intensely inflamed and false membranes were found on it and even on the peritoneum. The results, although having as already stated great value, require confirmation by other observers before being admitted to full acceptance. There are so many elements of error in every experiment of this kind that all results should be very critically examined.

LOCOMOTOR ATAXIA.—Pitres, in a recent article on this subject, (*Journal de Médecine de Bordeaux*, April, 1881,) comes to the following conclusions: First, that sclerosis of the posterior root zones shows itself always by early disturbances of sensibility. Second, that the pains of locomotor ataxia have a special physiognomy which is often sufficient for an early diagnosis. Third, these pains may be seated on different points of the body. Fourth, the pains may precede the motor symptoms for months or even years. Fifth, in certain indefinite cases these pains may constitute the only recognizable symptoms of ataxia.

VESICATION IN EPISTAXIS.—Dr. Garnier, at the recent meeting of the French Association of Science (*Journal de Médecine et de Chirurgie*, April 1881,) has reported a case of obstinate epistaxis in which ergotine, etc., had been tried in vain, but which promptly yielded to the application of a blister over the liver. The patient was an alcoholic and his liver seemed slightly cirrhotic. The blister, it is claimed, acted on the nervous reflex principle of which the French are so fond, and a rather amusing parallel is drawn between its action on the epistaxis and the way in which a blister over the ovary acts in metrorrhagia, which will not bear examination. There are no indications given for its use, an omission that seriously impairs the value of the article, though the probabilities are that it may prove service in cases of epistaxis arising during of hepatic changes, but further experimental investigation is certainly necessary.

SODA PHOSPHATE AND ERGOT AS AN EXHILERANT.—Ergot has not been credited with producing changes in the cerebral centers likely to lead to exhilaration, nor has phosphate of soda yet, according to Luton, (*Bulletin Générale de Thérapeutique Médicale et Chirurgicale*, March 30, 1881,) a mixture of these two substances has had marked exhilarant effects in several cases of slight depression. This mixture, accidentally discovered by him, consists of five grammes of the tincture of ergot and fifteen grammes of a one to ten solution of phosphate of soda, which is to be taken at one dose in sugared water. He considers it likely to prove of value in the adynamic depression of anæmia or chlorosis, and also to be of value in lypemania. Further experiments are necessary to determine the therapeutic value of this rather peculiar compound, although Dr. Luton's cases appear rather convincing, but in therapeutics there is always a large personal equation, of which account must be taken.

DISEASES OF THE APPENDIX VERMIFORMIS.—This portion of the intestine is a terra incognita usually stamped on the student's mind by the fact that it has not any function except to serve as a receptacle for foreign bodies. Kraussold has been investigating its relations to the rest of the intestinal tract and finds (*Centralblatt für klinische Medicin*, No. 1, 1881,) that these differ from those usually given by anatomists. Henle, for example, claims that it is so situated as to hang over the margin of the lesser pelvis. Kraussold, however, has sometimes found it occupying the opposite position to this, on the outer border of the ascending colon, drawn upwards and occasionally inwards, winding around, at its lower part, the small intestine which enters the cæcum. In one case, an appendix of abnormal length was coiled up in the sac of an inguinal hernia. Kraussold also finds that ulcerations during the course of phthisis and tuberculosis are of very frequent occurrence in the appendix vermiformis, while cicatricial

strictures are often found there after typhus fever and syphilis. Kraussold mentions two very curious cases of peritonitis from foreign bodies in the appendix; in one case a piece of truffle, in the other a mass composed of ten tricocephali. In four cases neoplasms were found. The symptoms vary with the position of the vermiform appendix from those of parametric abscess, periproctitis, perinephritis, to those of localized peritonitis. Kraussold is of the opinion that diseases of this portion of the intestinal tract are much more frequent and of much more importance than is generally believed. From the obscurity of the symptoms and their tendency to simulate those of the other diseases mentioned it follows that in the differential diagnosis of these the possible existence of inflammation of the appendix vermiformis must be taken into consideration. Kraussold is of opinion that circular resection of the intestines is the only means of treatment, and considering the strides which abdominal surgery has made in these days, there is no reason why this should not be done, more especially when the portion resected is, as it would be in this case, of no great value in the animal economy.

STRYCHNINE AND CHLORINE.—Three hydrogen atoms of strychnine, have been replaced successively by three atoms of chlorine, forming mono, di, and tri-chlorstrychnine, respectively. Of these the mono-chlorstrychnine, $C_{21} H_{21} Cl N_2 O_2$, is likely to be of the greatest medical importance. It crystallizes best out of fifty per cent. alcohol, is easily soluble in strong alcohol, ether and chloroform possesses weak basic properties, forms with platinum an almost colorless, very insoluble double salt. It turns the polarized plane strongly to the left, and gives with sulphuric acid and bichromate of potassium a purple-red color. One and a half milligrams killed a dog weighing nine kilograms. It thus appears to be more poisonous than strychnine itself. The other chlorinated strychnines are not as poisonous.

LOCOMOTOR ATAXIA AND PROGRESSIVE PARESIS.—The majority of alienists have long recognized that under the term progressive paresis are often comprehended many diverse affections. Spitzka (*Journal Nervous and Mental Disease*, April, 1877,) was perhaps the first to call attention to the fact that many cases of progressive paresis in which the early symptoms were spinal, were really cases of locomotor ataxia complicated by progressive paresis, and that the mental phenomena were independent of the original affection. This conclusion has been confirmed by Christian (*L'Union Médicale*, April 3, 1881,) who has arrived at the following conclusions respecting the relations between locomotor ataxia and progressive paresis: That the lesions of locomotor ataxia and progressive paresis are not identical, which conclusion partakes of the nature of a truism, as also does the next conclusion that the two diseases are independent of each other. The next conclusion that when the diseases are found together they are due to different factors, (in the one case the brain is effected, in the other the spinal cord) fully confirms Spitzka's statement. While Christian's conclusions are a little faulty, as rather uselessly enunciating what has been enunciated before, still they are all based upon a wide clinical experience.

OIL OF CAJEPUT IN ECZEMA.—Dr. Claiborne (*Gaillard's Medical Journal*, April, 1881), claims to have secured very good results from the use of oil of cajeput in infantile eczema. The drug was used in the form of a lotion, composed of oleum cajeput, four drachms, sapo viridis, four drachms, and alcohol, two ounces, with which the eczematous patches were washed, at least once a day. An ointment composed of two ounces of oxide of zinc ointment and two drachms of oil of cajeput was kept locally applied to the eczematous patches. The oil of cajeput has often been used in other dermatoses, though without much effect, but this is perhaps the first contribution to its use in any form of eczema.

NON-MALIGNANT ULCERATION OF THE RECTUM AND ANUS.—In a recent article (*American Journal of the Medical Sciences*, April, 1881,) Dr. Chas. B. Kelsey discusses the non-malignant ulcers of the rectum, classifying them as simple, tubercular, scrofulous, dysenteric, venereal, arising from stricture, and arising from gangrene consequent on severe fevers. His scrofulous ulcers are lupus, rodent ulcer, etc. He is of the opinion that examination with a duck-bill speculum under ether is much neglected by physicians. He claims that in the majority of cases, the ulcers belong to the simple variety, and yield readily to local applications of bismuth, iodoform or nitrate of silver. He regards chancroid of the rectum as relatively frequent, and as often being the cause of stricture. In the treatment of ulcerations he regards perfect rest and fluid diet as absolutely necessary.

TRACHEOTOMY AT ONE SECTION.—M. St. Germain has had two hundred and twenty-seven tracheotomies without serious results from the operation, and does not believe in the ordinary slow successive incisions of the different tissues over the trachea. His operation (*Gazette des Hôpitaux*, January 15, 1881.) is as follows: The child is placed on a table, its shoulders resting on a hard cushion and the head held by an assistant. The larynx is firmly grasped by the left hand, and held as if to draw it away from the vertebral column. A narrow bladed straight bistoury is then plunged into the crico-thyroid membrane, the operator being guided in its direction by reference to the position of the sternum. The depth of the incision is about four-tenths of an inch. The cricoid cartilage is then divided by a sawing motion, as also the isthmus of the thyroid gland, two or three rings of cartilage, and the skin. In withdrawing the instrument, the incision is lengthened in a downward direction, for about a tenth of an inch. The edges are then separated and the canula inserted. He claims that no serious hæmorrhage follows the operation.

HÆMOGLOBINURIA FROM COLD.—The essential character of this disease is, according to Mesnet (*Bulletin Générale de Thérapeutique Médicale et Chirurgicale*, March 30, 1881,) its appearance at more or less lengthy intervals from one invariable cause, cold. The attack seldom lasts over six hours, and in the interval of the attacks the health seems perfect other than, perhaps, a slight degree of anæmia. The attack is ushered in by a sensation of coldness in the feet, followed by slight shiverings, cephalalgia, semi-vertigo, sensations of epigastric constriction, general malaise and cardiac palpitation, but no nausea or vomiting. During the malaise the pulse rises ten to fifteen beats per minute, the temperature rising one to two degrees at the same time. The urine during the attack is markedly red, returning to its normal hue on recovery. The recognition of the existence of this disease and its tendency to recovery will often save the patient much alarm and will prevent the giving of an unnecessarily guarded grave prognosis.

HYSTERICAL PARALYSIS IN THE MALE.—Macario (*Nice Médical*) claims to have had under observation and treatment a case of hysterical paralysis, in a male, which came on after a convulsive attack, which was increased under the influence of emotional disturbance, and recovered after eight days' treatment with warm baths. The case is not at all clear as regards its hysterical character, although some of the symptoms point in that direction, and it somewhat resembles the temporary paralysis, which occasionally comes on, after epilepsy, alluded to in the last number of the Review.

SPONTANEOUS CHANGE OF SUGAR.—Commercial candies are not usually overburdened with cane sugar. Nevertheless some confectioners do put cane sugar in their candies, and yet, on subsequent examination, very little is found. The cause of this is found in a species of ferment which all confections containing glucose possess.

On long standing this ferment becomes active, especially if the candies contain organic coloring matter. The cane sugar thus undergoes a spontaneous inversion. To prevent this, salicylate of sodium, and acetate of sodium and potassium are employed. There can be but little doubt that the presence of these antiseptics in the candy injures it as an article of diet.

COLD BATHS IN ACUTE DELIRIUM.—Acute delirium, the typhomania of Bell and the acute delirious mania of other authors, has usually proven fatal under nearly every form of treatment. Rousseau (*Annales Médico-Psychologiques*, September, 1880,) however, reports cases of recovery under the use of cold baths after all hypnotics had proven ineffectual. Cases of typhomania are, however, not very frequent, and while giving all due credit to Rousseau for his successful result, it must be confessed that the cold pack has been previously tried without effect, and the question of an error in diagnosis arises in this case.

WINTERGREEN AS AN ANTISEPTIC.—From the fact that the best salicylic acid is obtained from wintergreen oil, it is scarcely surprising to learn that Gosselin and Bergeron (*Archives Générales*, January, 1881,) have found that wintergreen is almost as antiseptic as carbolic acid. They have used two alcoholic solutions of varying strength; the stronger is composed of five parts oil of wintergreen, one hundred parts alcohol, and fifty parts water; the weaker, of two and a half parts of oil of wintergreen, one hundred alcohol, and one hundred water. No toxic effect or caustic action resulted from the use of these solutions. It is probable that while the cost of this antiseptic solution may be as claimed by Gosselin and Bergeron, still physicians engaged in rural practice may find in the use of these alcoholic solutions of wintergreen oil an economical means of practicing antisepticism, as wintergreen is an exceedingly common plant east of the Mississippi river.

MYXÆDEMA.—In a communication read before the New York State Medical Society, Dr. N. C. Mercer (New York Medical Record, April 16, 1881), after considering the account of this disease as given by Gull, Hammond, Charcot, Ord, Duckworth, Andrew Clark, and Sanders, comes to the following conclusions respecting it: That it is a disease having a tropho-neurotic origin, resulting in an increase of the mucin cementing material of connective tissue in all parts of the body; that its phenomena are due to the partial insulation, compression, or destruction of the more essential elements of structure in the various parts of the body, resulting from this increase, and that the disease inevitably progresses to a fatal termination in spite of all treatment. The disease must exist in almshouses and asylums, and it is much to be regretted that other than Dr. Hammond's case, no American instance of the disease has been reported.

CHARBON.—Colin, in his recent experiments reported to the French Academy of Science, March 7, 1881, (Bulletin Générale de Thérapeutique Médicale et Chirurgicale, March 30, 1881,) claims to have determined: First, that the virulence of charbonated blood is extinguished at a temperature of from 131° to 134° F., by causes yet to be determined. Second, that charbonated blood, if it does not lose all its virulence in being heated to the extent just mentioned, retains this to the fullest extent. Third, that charbonated blood whose virulence is lost by being heated acts like that from healthy animals. Fourth, that the blood which has thus lost its virulence cannot, if inoculated, confer immunity from charbon.

ALCOHOL IN THE ATMOSPHERE.—According to certain researches of Muntz, recently communicated at the March 7 session of the French Academy of Science (Bulletin Générale de Thérapeutique Médicale et Chirurgicale, March 30, 1881,) alcohol is formed in great abundance on the surface of the earth, in the soil and at the sea bottom,

from the decomposition of organic matter, and that, obedient to the laws of vapor tension, it passes into the atmosphere. These facts, if proven, will tend to vitiate certain medico-legal investigations dependent on the recognition of the presence of alcohol.

OBSTINATE VOMITING IN PREGNANCY.—Bailly has recently (Archives de Tocologie, January, 1881,) found good results from the application of a blister to the epigastrium, and ice along the spine in cases of obstinate vomiting from pregnancy. The remedy is rather heroic, and if used at all should be used only as a last resort in cases where abortion is threatened, and which fail to yield to milder treatment.

TREATMENT AND PATHOLOGY OF GOUT.—This subject seems to never grow old on the other side of the Atlantic. Meldon, in a recent communication (British Medical Journal, March 26, 1881) comes to the following conclusions respecting gout: First, that the presence of uric acid and soda in the blood is not the sole cause of gout. Second, want of exercise, and animal diet, will cause an accumulation of uric acid in the blood. Third, uric acid and soda must exist in the blood before the disease can be produced. Fourth, there must be depression of the nervous system to cause an attack of gout. Fifth, depression of the nervous system causes a union between uric acid and soda, forming urate of soda. Sixth, when an attack of gout has passed away, it does not necessarily follow that uric acid has disappeared from the blood. Seventh, uric acid may exist in the blood in considerable quantities and for any length of time, without causing gout. Eighth, the use of nerve tonics like quinine, strychnia, caffeine, and such like, as well as the inhaling of oxygen, are of much service in the treatment of this disease. The most striking of these conclusions is the fifth, which borders on the almost purely hypothetical, as no experimental or clinical evidence of this view has as yet been reported.

APOCYNUM CANNABINUM IN ANASARCA. Bright's disease is becoming the fashionable disease to study, more especially since Charcot, who sets the fashion for many physicians in the United States, has been paying much attention to it; these studies have been chiefly pathological and symptomatological. However, many independent observers have dealt with it from the therapeutical aspect, and Dr. J. S. Dabney (*New Orleans Medical and Surgical Journal*, February, 1881,) has found, he claims, that apocynum cannabinum is one of the best diuretics and hydropogue cathartics that can be employed in the disease, as it causes not only marked diminution of the anasarca but also decrease of the albumen and casts. He claims for it certain advantages: First, a small quantity only, is necessary to produce diuresis, emesis or catharsis. Second, it has an agreeable aromatic taste. Third, it has tonic properties. Fourth, its harmlessness, free emesis resulting on an over dose. While many of these claims seem rather strained, still there appears to be but little doubt that the remedy is of much value in ascites, anasarca and allied conditions.

PENSIONS FOR PHYSICIANS' WIVES.—From the peculiar political system of the United States it is unlikely that the precedent set by the French republic in this matter will be followed. Dr. Thurigny, at a recent session of the French Chamber of Deputies, introduced a bill providing that the wife and children of a hospital physician dying from disease contracted in discharge of his duty, during an epidemic, shall receive the pension of a soldier killed on the field of battle. The bill is good as far as it goes, but it certainly does not go far enough when it places the same value on the life of a physician and the life of an ordinary private soldier.

HON. THOS. A. SCOTT, the railroad magnate, has given fifty thousand dollars to the University of Pennsylvania and the same amount to Jefferson Medical College.

ILLINOIS STATE MEDICAL SOCIETY will meet May 17, 18, and 19 in the Methodist Church Block, Chicago. On presenting a certificate from Dr. J. S. Jones, the Permanent Secretary round trip tickets may be obtained at two-thirds the usual rate.

DILATATION OF THE BRONCHI.—This is, perhaps, one of the most disagreeable results of chronic bronchitis, and the source of many of its dangers. Dieulafoy (*Journal de Médecine de Bordeaux*, March 20, 1881,) claims to have had very good results in the treatment of this condition, with creosote obtained from the beech. He gives the following formula: $\mathcal{R}$, Vin. Malaga $\mathfrak{z}\text{ii}$, Spts. Vini Recti $\mathfrak{z}\text{iss}$, Sacchara Alba $\mathfrak{z}\text{ij}$, Creosotum $\mathfrak{m}\text{xij}$, M.S. $\mathfrak{z}\text{ij}$ – $\mathfrak{z}\text{iiij}$, per diem, and believes that this treatment added to slight counter-irritation has effected a cure in at least one case, and produced very marked improvement in others.

ACTION OF BELLADONNA.—In a recent communication on this subject, Dr. T. Wharton Jones (*American Journal of the Medical Sciences*, April, 1881,) advances certain views respecting the action of belladonna, that are somewhat at variance with the opinions generally held on the subject. He claims that the phenomena of belladonna poisoning stand in the following order: First, the constriction of small arteries by stimulation of their muscular coat. Second, the establishment of venous congestion in the brain and spinal cord. Third, the cerebral and muscular disturbance arising from the venous congestion of the brain and spinal cord. In the consideration of the mydriatic action of belladonna, one factor is often overlooked, and that is a certain amount of physical elasticity which exerts an influence in addition to that of the two sets of muscles. In his opinion, belladonna acts by directly exciting to action the radiating muscular fibres composing the dilator pupillæ, and not by paralyzing the sphincter and giving unrestrained scope to the action of the dilator.

COLD WATER ENEMATA IN DIARRHŒA.—

The use of these would seem at first sight to be attended with no little danger from the possibility of peritonitis, yet Ewald (Practitioner, April, 1881,) claims to have obtained very good results from them, and fully corroborates M. J. Messemmer (American Journal of Medical Sciences, July, 1878,) as to their value in diarrhoea and dysentery, particularly of children. Messemmer claimed that the benefit of the enemata was derived chiefly from their washing away irritating matters in the bowel. Ewald however asserts that the cold arrests the peristaltic action of the bowel. Neither of these two theories are available as full explanations of the action of the enemata.

NON-MORTAL FRACTURES OF THE BASE OF THE SKULL.—Dr. Jno. A. Lidell (American Journal of the Medical Sciences, April, 1881) calls attention to the fact, too often lost sight of, that many cases of recovery from fractures of the skull-base subsequently suffer from many serious neurotic symptoms, often ending in the more serious cerebral neuroses. Dr. Lidell rightly claims that this result should not be lost sight of in prognosis, and that it entails judicious treatment of this class of serious fractures..

CHRONIC URTICARIA.—Labbée (Bulletins et Memoires de la Société de Thérapeutique, March 15, 1881,) claims that in marked cases of chronic or intermittent urticaria prompt recovery has followed the use of one-twelfth to one-eighth of a grain of arseniate of soda at a dose, together with a lotion composed of one part corrosive sublimate and one hundred each of alcohol and water.

PUNNING AN EVIDENCE OF INSANITY.—A tendency to make weak puns is frequently found in cases of terminal dementia, and this ~~is a~~ ^{is a} ~~characteristic~~ ^{characteristic} ~~of the~~ ^{of the} ~~terminal~~ ^{terminal} condition of the adopted by the Society:

Resolved, That in the death of Mills Olcott Heydock, M. D., on the morning of April

THE QUANTITY of opium used in the United States during the year 1880 was five times the quantity used during 1859.

ANTIQUITY OF DRAINAGE TUBES.—Dr. Curran (British Medical Journal, March 5, 1881,) calls attention to the fact that at the last illness of Philip II, of Spain, a drainage tube was used by his physicians, at a date long antecedent to its supposed discovery.

VAGINITIS.—Terrillon (Bulletin Générale de Thérapeutique Médicale et Chirurgicale, March 15, 1881,) claims good results in the treatment of vaginitis by a pomade composed of fifteen parts of vaseline and starch, and five parts of tannin. The mixture is of a pasty consistency and has been used in twenty cases of vaginitis, all of which speedily and completely recovered.

UTERINE DISEASE AS A CAUSE OF INSANITY.—The researches of Skene have shown that uterine disease is not as frequent a cause of insanity as gynecologists have supposed. A result that any psychiatrist might have foreseen, yet the Medical Record admits a letter from a graduate of about a year, who claims that uterine disease is a frequent cause of insanity, and exhibits an equal knowledge of gynecology and psychiatry.

APHONOUS PECTORILOQUY.—Musselli, (Journal de Médecine de Bordeaux, March 20, 1881,) after a review of the researches of Bacelli on this subject, comes to the following conclusions respecting this factor of physical diagnosis: That it is not constant in serous pleurisy, and on the other hand, may be found in purulent pleurisy. Every time it exists it may be a very valuable evidence as to the nature of the fluid contained in the pleural cavity, when brought into relation with other symptoms like the cause of the disease, temperature of the body, appearance and condition of the thoracic parietes, the course of the disease, the duration of the pleural effusion, and finally the general condition of the patient.

GOUT A TROPHO-NEUROSIS.—It is well known that certain cases of hyper-glycæmia result from cerebral changes, and Buzard regards the arthropathies in locomotor ataxia as being caused by sclerosis of the roots of the vagus in the medulla oblongata, near some trophic center located there and presiding over the osseous and articular systems. Guided by these circumstances, Dr. Dyce Duckworth (*British Medical Journal*, March 26, 1881,) has been led to construct a theory that gout is a tropho-neurosis, a theory supported by many circumstances, and so clearly marked out by him as to explain much that is mysterious in gout, in its relations to the neuroses.

PEPTONE IN PUS.—Hoffmeister (*St. Petersburger Medicinische Wochenschrift*, March 26, 1881,) claims to have found peptone, hitherto regarded as the product of digestion only, in the pus corpuscles of empyema to the extent of about one per cent. Should this discovery be corroborated as regards the existence of pus elsewhere, it may throw some light on the production of pus corpuscles in the body.

HEREDITY IN MUSCULAR ATROPHY.—Dr. William Osler (*Archives of Medicine*, December, 1880,) gives the history of a family, in two generations of which, thirteen individuals were affected by muscular atrophy, furnishing a parallel to the Weatherbee family reported by Hammond, and the Besel family reported by Naunyn.

CONSCIOUSNESS IN EPILEPSY.—Dr. Chas. H. Hughes (*Alienist and Neurologist*) raises this much mooted question, and decides that patients may be conscious during the attack. His conclusions are based chiefly on the testimony of patients and therefore contain too many elements of error to be of value from a scientific standpoint.

DR. J. W. HOLLAND has succeeded the late Dr. R. O. Cowling as editor of the *Louisville Medical News*.

KAPOSI has now charge of Hebra's dermatological clinic, at Vienna.

PROFESSOR NIKOLSKI, the celebrated laryngologist of Kasan, Russia, is dead.

DR. PIERRE BEAUBIEN, a prominent physician of Montreal, is dead.

CHARCOT lately received a nine thousand dollar consultation fee in Russia.

DR. HERTWIG has been elected Professor in ordinary of Anatomy, at Jena.

DR. ISAAC RAY, the leading American forensic alienist, is dead.

TYPHUS FEVER and small pox are becoming epidemic in New York City.

A BILL to regulate the practice of pharmacy has been brought before the recent session of the Massachusetts legislature.

DR. PAUL MASSOT, an old French physician, and member of the French senate, died March 28, 1881, in his eighty-first year.

MR. SHUMWAY'S bill, requiring physicians practicing in Illinois to give evidence of a liberal education, has been defeated.

DR. W. RUTHERFORD SANDERS, Professor of Physiology, University of Glasgow, Scotland, died February 18, 1881.

MAINE, while strict on the alcohol question, is very tolerant to quacks. She has no law regulating the practice of medicine.

THE average annual income of the one hundred and fifty-one female physicians in the United States is three thousand dollars.

DR. CANQUOIN, inventor of the paste generally called by his name, died recently at Dijon, in his eighty-third year.

DR. HUNTER MCGUIRE has resigned his professorship of Diseases of Women and Children in the Medical College of Virginia.

DR. J. S. WELFORD has been appointed to the chair of Diseases of Women and Children in the Medical College of Virginia.

or pupillæ, and not by paralyzing the sphincter and giving unrestrained scope to the action of the dilator.

LOCAL.

CHICAGO MEDICAL SOCIETY.

At the April session of this society, the discussion of the paper on the "Source of Vaccine Virus," which was presented by Dr. DeWolf at the previous meeting, was taken up. The death of Dr. Heydock was the occasion of the following eulogy by Dr. John Bartlett: "Mr. President. It is a painful occasion to us all to-night, when are to be uttered the last kindly words in remembrance of our late fellow, Dr. Heydock. It is an occasion especially sad to those of us, who by concurrence of age and period of residence here, have been the more intimately associated with him who has so suddenly been called hence. While words of sorrow at the departure of a loved friend are so faintly expressive of one's feeling as almost to prepare the silence which grief invites, yet as the stricken heart of man can but seek relief in utterance, something needs be said ere the name of M. O. Heydock fades from our lists. To a natural adaptation for his profession, Dr. Heydock brought the advantages of a superior intellect, well trained by the mental athletics incident to the acquirement of a collegiate education. To these qualities were super-added in Dr. Heydock, a genial disposition, coupled with an urbanity and pleasing dignity of manner, which ever made his presence welcome. I have known our departed friend for twenty years, and I have ever known him as an earnest, methodical student, a painstaking, conscientious practitioner, and an honorable colleague. He was all that is implied in these words, 'a scientific physician and a christian gentleman.' Bereft of the presence of our associate, we have yet remaining the pleasant assurance, that so long as memory endures, we can never forget the example he has set us, of faithful work and honorable conduct."

The following resolutions were then adopted by the Society:

Resolved, That in the death of Mills Olcott Heydock, M. D., on the morning of April

17, 1881, after a brief and severe illness, this society has lost one of its most esteemed members; the profession one of its most enlightened and useful practitioners, and society a most valuable citizen.

Resolved, That we deeply sympathize with the widow and relatives in their severe affliction, and commend them to the Great Giver of all good, who alone can heal the wounded spirit.

N. S. DAVIS.

WM. E. CLARKE.

R. G. BOGUE.

COOK COUNTY HOSPITAL.

Francesco Coputo, upon whom Dr. Fenger operated, December 26, 1880, opening and draining an abscess cavity in the right lung, and whose case was reported in the Review of February 5, page 57, was discharged from the hospital at his own request cured, April 7, 1881.

CHICAGO MEDICAL COLLEGE.

The closing exercises of the practitioners' course at this college took place April 26. Dr. N. S. Davis sketched briefly and clearly the scheme of the college; that it was the first in the United States, to demand an examination for matriculation, and the first to establish a graded system of instruction. He mentioned the special clinical advantages possessed by the students at this college, by the division of the class into sections and the assignment of each section in rotation to a particular department of the dispensary. In conclusion, Dr. Davis expressed his satisfaction at the success of the course, and presented certificates of attendance to the members of the class. Dr. Gracey, on behalf of the class, then presented to the dean and faculty a preamble and resolutions, setting forth the pleasure and profit afforded them by the course, their appreciation of the earnest attempts of the faculty to make the course a success, reiterating the sentiments of the Practitioners' Class of 1880, and wishing the course the success it deserved.

DR. MAX. HERZOG, one of the leading laryngologists of New York City, died recently after a rather sudden illness.

CONTRIBUTIONS.

*TRICHINOSIS.**Report of Two Cases.*

BY DR. CHRISTIAN FENGER, CHICAGO.

In reporting the following cases of trichinosis, it is not my intention to enter into any exhaustive discussion of the disease, nor do I claim to add anything to what is already known, and to be found in the literature on the subject. But as cases of this disease are far from uncommon in this part of the country, and as opinions in regard to the treatment of the disease differ widely, I publish the following two cases to enunciate my views on the subject:

Case I.—November 27, 1880, H. C. Hansen, thirty-seven years of age, a plasterer and contractor, living at 635 North Ashland avenue, bought a smoked and sugar-cured ham weighing nine and one-third pounds, of a butcher on Milwaukee avenue. On the next day, November 28, at six o'clock in the evening, the whole family partook freely of the ham, which was sliced, and eaten raw. Hansen ate from two to four ounces, or, as he expressed it, in all, about as much as twice the size of his thumb. The next day, November 29, he ate some more of the ham. November 30, he went out to work as usual, but about three o'clock in the afternoon complained of severe pain in the stomach, together with diarrhoea. To relieve this he took two drinks of bitters, whiskey and horehound, which he says eased the pain, and he went to work again. December 1, the pain and diarrhoea recurred more severely. December 2, the diarrhoea became so painful that he was confined to his bed, the bowels moving about every ten or twenty minutes. December 4, I was sent for. On questioning Hansen and his wife in regard to what they had eaten, they answered (as usual) that they had eaten nothing but ordinary food, the same that the children had had, and that they had not eaten raw meat. On December 6, however, when asked directly if they had not eaten smoked ham, they acknowledged that they had. By this time they had eaten, boiled and raw, about six pounds of the ham. They asserted that the boiled meat was well done, and that they had eaten very little, raw. I took immediately specimens from different parts of the ham, and, on microscopical examination, found it to contain numerous encapsulated muscle trichinæ, averaging about thirty to each grain of the meat.

The patient's temperature remained about same, 101° to 102° , until December 12, when the whole family were removed to the house of a relative, in order to obtain better nourishment and attendance.

December 13, 9 A. M. The temperature has not exceeded 102° at any time in the last twenty-four hours. The patient has diarrhoea, movements of the bowels occurring every thirty to sixty minutes, and has considerable pain in the left arm. He drinks port wine, beer, cognac, etc. Between 8 P. M. and 3 A. M. he ate an omelette, soft boiled eggs, veal steak, and drank three bottles of beer and a considerable quantity of milk. He can at no time sleep more than a few minutes, and his sleep is uneasy. 12, noon, pulse, 90; temperature, normal; he suffers excruciating pain in the muscles of the arms and legs. 1 P. M., pulse, 88; temperature, 100° ; has a good appetite, but considerable muscular pain. 3 P. M., pulse, 84; temperature, 100.5° . 6 P. M., pulse, 90; temperature, 102.5° ; he has vomited considerably and has no appetite. 7.30 P. M., the patient is almost prostrated from the nervous shock, and terrible muscular pain. 9.30 P. M., pulse, 90; temperature, 101.5° ; he has eaten soup with rice with good appetite. 10.30 P. M., pulse, 80; temperature, 101.2° ; prescribed morphine syrup; he seems in good condition but still feels pain.

December 14, 1.30 A. M., pulse 70; the patient could not endure the pain, so a hypodermic injection of morphine was given him. 9 A. M., temperature 99° . 12 noon, pulse, 70; temperature, 100.5° : he is resting easily and sleeps. 3 P. M., pulse 90; temperature, 101.5° ; he is suffering intense pain. 5 P. M., pulse, 78; temperature, 103° ; complains of pain in the side. 6 P. M., pulse, 90; temperature, 103.5° ; ate a plate of soup and drank a glass of beer. 8 P. M., pulse, 80; temperature, 103.5° . 11 P. M., pulse, 88; temperature, 103.2° . 12, midnight, pulse, 86; temperature, 102.5° ; sleeps, and has little pain.

December 15, 8 A. M., pulse, 78; temperature, 100° ; slept fairly well since midnight. 2 P. M., pulse, 86; temperature, 101.5° . 4.45 P. M., pulse, 94; temperature, 102.5° ; feels easy when he does not move. 7 P. M., pulse, 94; temperature 102.3° ; suffers excruciating pain all over the body. 10 P. M., pulse, 90; temperature, 104.2° ; the pain still continues.

December 16, 9.30 A. M., pulse 88; temperature, 100° ; the patient has rested easily since 2 o'clock this morning. Until 2 o'clock

he had a passage every half hour. Since 7 A. M., he has had only two passages. There is pain on pressure all over the muscles of the arms and legs. He suffers no pain when he remains absolutely immobile in bed, but the slightest active movement causes pain in the muscles thus brought into action. He has had four or five glasses of beer this morning. The pulse is soft and weak. 2.45 P. M., pulse, 90; temperature, 101.5° ; feels weak but is otherwise comfortable. 5 P. M., pulse, 90; temperature, 101.5° . 7 P. M., he vomited and felt weak afterwards. 9.15 P. M., pulse, 100; temperature, 102.5° . 11 P. M., pulse, 84; temperature 102.2° ; the patient feels well.

December 17, 9 A. M., pulse, 84; temperature, 99.7° . 5.15 P. M., pulse, 84; temperature, 100° . 10 P. M., pulse, 84; temperature, 101° .

December 18, 9 A. M., pulse, 74; full and strong; temperature, 99.5° . 10 P. M., pulse, 80; temperature, 101° ; all going well.

December 19, 10.30 A. M., pulse, 70. 11 P. M., pulse, 88; temperature, 100° .

December 20, 9 P. M., pulse, 86; temperature 99.5° .

December 21, 8.30 A. M., pulse, 76; temperature, 99° . 9 P. M., pulse, 106; temperature 100° .

December 22, 9 A. M., pulse, 90; temperature, 99.5° . 9 P. M., pulse, 96; temperature, 100.5° ; the patient suffers some pain on pressure over the epigastrium; feels generally weak; there is stiffness and weakness in the extremities and pain upon motion.

December 24, 10 P. M., pulse, 100; weak; considerable œdema around both ankle-joints, and extending almost to the knees; no pain when the patient remains immobile.

December 25, 10 P. M., pulse, 104.

December 30, the patient's left leg is cold, and he cannot get it warm even by the stove.

December 31, temperature normal; from 10 o'clock last night until morning he experienced a very unusual degree of heat in both legs, so that he could not bear to have them covered at all. He actually suffered from heat, but experienced no itching sensation.

From this time on the patient's pulse and temperature remained normal. The diarrhoea lessened gradually and ceased in about two weeks. About the middle of January 1881, he was able to sit up.

January 15. Appetite good; sleeps well; pulse and temperature normal; no diarrhoea;

looks pale and emaciated; the patient gets tired after walking a few steps; has œdema of the legs in the evening, which disappears in the morning; there is no pain on pressure of the muscles.

With a harpoon I took out of the right gastrocnemius muscle about a cubic millimeter of muscular tissue. On microscopical examination this was found to contain three living muscle trichinæ, one of which was rolled up in a spiral and apparently about to become encapsulated. The two others were free. Whether the two latter were torn out of newly formed capsules, or were not yet encapsulated I was unable to determine. For the next two months the patient was very weak and pale. Muscular strength returned very slowly, so that it was not until March, more than three months after the inception of the disease, that he was able to walk about the whole day, and think of recommencing work, and even now, about five months after the infection with trichinæ, he has not entirely regained his strength.

Case II.—Mathilde Hansen, wife of the last patient, thirty-six years of age, was attacked by the same symptoms, in a more aggravated form, four days after her husband began to feel the effects of the infection. She partook of the ham at the same time, and says that in all she ate three thin slices of the raw, and possibly two pounds of the boiled meat, selecting the meat nearest the bone.

December 12, 2 P. M., pulse, 130; temperature, 106° . 5 P. M., pulse, 130; temperature, 105° ; has no pain and is cheerful; ordered five grains quinine every four hours. 6 P. M., pulse, 126; temperature, 103.5° ; complains of pain behind the sternum, cannot get breath, and hands and feet are cold. 8 P. M., pulse, 120; temperature, 104.2° ; has the desire to vomit but cannot; suffers intense pain. 9.45 P. M., pulse, 116; temperature, 103.5° ; much pain and vomiting. 11 P. M., pulse 112; temperature, 102.5° ; intense pain.

December 13, 1 A. M., pulse, 102, temperature, 104.5° ; vomiting and pain. 2.30 A. M., pulse, 100; temperature, 103.5° ; hypodermic injection of morphine was given, after which the patient felt more comfortable and slept a little. 6.30 A. M., pulse, 100; temperature, 103° ; feels more easy; ordered digitalis and laudanum, and the application of an ice-bag to the pit of the stomach. 8.30 A. M., pulse, 100; temperature 102° ; administered wine and cognac.

9.30 A. M., pulse, 98; temperature, 101°; vomiting; the wine and cognac continued. 11.30 A. M., pulse, 96; temperature, 101°; feels easy but vomits; continued wine and cognac. 1 P. M., pulse, 90; temperature, 99°; appetite is returning slowly; Liebig's extract of meat was given. 3 P. M., pulse, 96; temperature, 100.5°; considerable vomiting. 6 P. M., pulse, 90; temperature, 101.2°; vomiting and pain. 9 P. M., pulse 90; temperature, 100.5°; pain in the stomach, morphine syrup was ordered. 10 P. M., pulse, 90; temperature, 100.5°; the pain continued and the morphine was again administered.

December 14, 1.25 A. M., pulse 80; temperature, 100.2°: cannot sleep, but seems to have less pain. 6 A. M., pulse, 80; temperature 100.4°. 8.30 A. M., pulse, 90; temperature, 99.9°; has slept a little. 12, noon, pulse, 94; temperature, 99.9°; sleeps and rests easily. 5 P. M., pulse, 84; temperature, 100°; feels comfortable; has eaten boiled flounders with apparent relish. 9.30 P. M., pulse, 96; temperature 100.2°; complains of pain.

December 15, 8 A. M., pulse, 84; temperature, 97.5°; very weak and does not sleep. 9 A. M., pulse, 84; temperature, 98.2°; says she "can't feel" her legs. 2 P. M., pulse, 98; temperature, 99°; there is constant formication in all the muscles. 4.30 P. M., pulse, 100; temperature 98°; formication with a great deal of heat over the whole body. 7 P. M., pulse, 90; temperature 99.5°. 10 P. M., pulse, 94; temperature normal.

December 16, 7 A. M., pulse 98; temperature 99.5°; has drunk a bottle of champagne since 10 o'clock last night and has slept a little. During the night she had passages from the bowels with tenesmus five or six times every hour. 12 noon, pulse 100 and very weak. The patient has had three or four passages since 7 o'clock this morning, at which time she had slight formication around the extremities, especially in the legs, which felt stiff. She has no pain, but appears very weak and debilitated. She is extremely nervous and cannot endure the least noise. Her sleep is interrupted and she can doze off for only half an hour at a time. She has had coffee, fish, and beef-tea. 2.30 P. M., pulse, 96; very weak; temperature, 98.2°; the extremities are cold; laudanum and wine were ordered. 5 P. M., pulse, 100; temperature, 100°. 6.15 P. M., pulse, 120; temperature, 99.9°; has had three movements of the bowels since 5 o'clock. 11 P. M., pulse, 94; temperature, 100°; sleepy and feels comfortable.

December 17, 9 A. M., pulse, 92; temperature, 97.5°; her voice is very weak and she feels weaker than yesterday. She was able, however, to walk out to the closet five or six times during the night. 5.30 P. M., pulse, 108; temperature, 100°. 10 P. M., pulse, 112; temperature 102°.

December 18, 9 A. M., pulse, 96, very weak and soft; temperature, 98°; she had five movements of the bowels during the night. 4.30 P. M., pulse, 104; temperature, 98°; excessive vomiting and diarrhoea, but eats well. 10 P. M., pulse, 106, temperature, 98.2°; patient comfortable.

December 19, 8 A. M., pulse 96; slept from midnight until 6 o'clock this morning. 11 P. M., pulse, 102; temperature, 99.5°.

December 20, 9 A. M., pulse, 102; temperature 99.2°.

December 21, 8.30 A. M., pulse, 108; temperature, 98.5°; ordered tr. digitalis gtt. x. 9 P. M., pulse, 106; temperature, 100°.

December 22, 9 A. M., pulse, 108; temperature, 98.5°. 9 P. M., pulse, 100; temperature, 99.7°; no pain; difficult respiration; weak; has slight cough; heart-sounds normal; no râles to be heard in the lungs. There is stiffness but not pain on moving the lower extremities. Has had three to five half liquid stools.

December 24, 10 P. M., pulse 108, weak and soft; complains of pain in the breast; no movement of the bowels since 5 o'clock this morning.

December 25, pulse soft and very weak. The patient is very weak and can stand only for a few minutes at a time. 10 P. M., pulse, 102, weak; temperature normal. Four liquid stools in the past twenty-four hours.

After this time there was no further rise in temperature. The stools were still liquid until about the middle of January, 1881. The patient gradually became stronger and was able to be up and around the house about the end of January. Had no œdema of the legs at any time. About the middle of February she was able to do her own housework, but became easily fatigued. She has now (April) regained her former state of health.

A remarkable feature in this case was the high temperature in the second week after the infection, (as indicated by the accompanying chart) which was so uncommon as to make me believe that some complication had set in, but failing to find any after careful examination of all the organs, I could not attribute it to any other cause than the trichinosis, and thought that I had a very

severe case to deal with, which I expected would terminate fatally from collapse during the continuance of the extreme high temperature. After twenty-four hours, however, the temperature went down and did not rise again, and, contrary to my expectations, the patient recovered.

Three children of the above patients, girls, aged respectively, fifteen, five, and two years, partook of the ham in question, both raw and after boiling, in quantities that cannot be ascertained, but no symptoms of the disease appeared in them at any time.

TREATMENT.

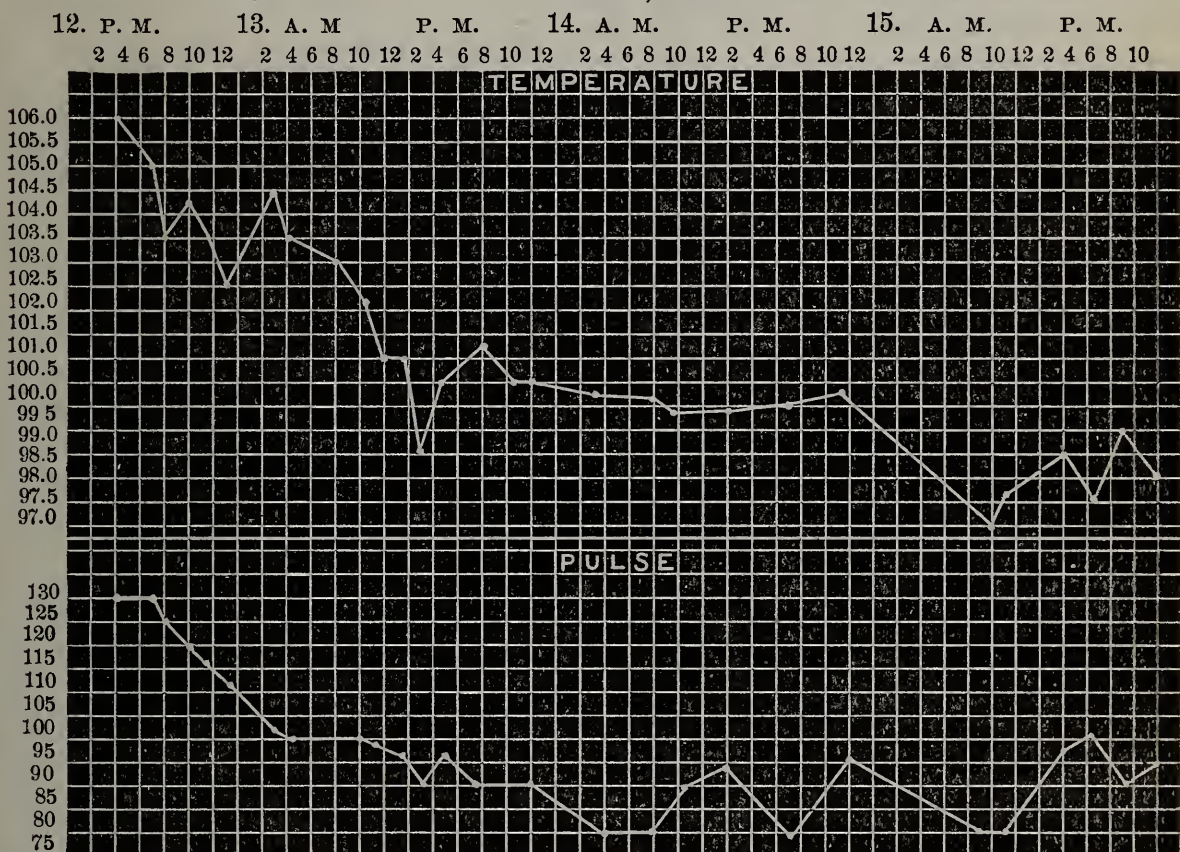
The first question which presents itself in incipient cases of trichinosis is naturally

ing symptoms until a day or two after eating the diseased meat, and then, in most cases, several days will elapse before medical aid is sought, and it will probably take a day or two more for the physician to make up his mind as to the diagnosis.

If the diagnosis can be made in the first week of the disease, in cases in which there has been no diarrhoea, we should not hesitate to give laxatives and keep up frequent and liquid stools for some time. But in most of the cases, the first stage of the disease is, as it was in the above-mentioned cases, characterized by a violent diarrhoea, caused by the emigration of the embryo muscle trichinæ through the intestinal walls.

CHART.

DECEMBER, 1880.



whether it is possible, and if so, in what way we may hope to remove from the intestinal canal the full grown and gravid female intestinal trichinæ and the newly born embryo muscle trichinæ, before they perforate the wall of the intestines and get out into the tissues.

If we were so fortunate as to know within a few hours after a meal of trichinous meat had been eaten that such had been eaten, we should of course administer emetics and strong purgatives. But this resource is practically out of the question, as the patients do not begin to have any distress-

When, therefore, as in these cases, liquid stools are as frequent as from ten to twenty in the twenty-four hours, it seems to me that purgatives are not only unnecessary but are even contraindicated, for the following reasons: We know that we have to do with a disease which will last for a long time and greatly debilitate the patient. To obviate this inevitable debilitation, the only remedy in our power is a nourishing and roborating treatment. Purgatives would only tend to diminish or do away with what might have remained of the assimilating power of the upper parts of the intestines, and I conse-

quently abandon them altogether in such cases, permitting the patients to have a full, nourishing, but at the same time easily digested diet, and as much as they wish. Milk was used steadily as a drink; soup, eggs, beefsteak, fish, oysters, etc., were also freely used, and the amount limited only when vomiting prevented their use. Beer, wine, and whiskey, *ad libitum*, for stimulation. Besides these the medicines given were merely symptomatic, namely: quinine, when the temperature rose; digitalis, when the pulse exceeded 110; and morphine, hypodermically, and *per orem*, to allay the pain.

As soon as the acute stage of the disease has passed and the patient has entered upon the slow stage of convalescence, the only medicine to be used in addition to an invigorating diet and the moderate use of stimulants, are the ferruginous tonics.

AN EPIDEMIC OF RÖTHELN.

BY L. A. CLAUSSEN, M. D., BEATRICE, NEBRASKA.
Formerly House Surgeon, Cook County Hospital.

An epidemic of Rötheln recently made its appearance in this vicinity. The cases have varied much in severity. In severe cases, of which the epidemic has presented quite a number, the eruption has been preceded for six or seven days by malaise, loss of appetite, head-ache, and illy defined pains in the extremities. On the first day of the eruption, which was ushered in by a slight chill, the temperature reached $100\frac{1}{2}^{\circ}$ F. The eyes were watery and injected. The patient complained of cough and on examination a slightly erythematous condition of the fauces was found. The eruption was peculiar in many respects. On its first appearance it was papular, each papule being about half an inch in diameter, red in the center and fading in hue toward the circumference. Each papule presented a slight but distinct elevation above the surrounding tissue and was separated from its neighbor by about half an inch of healthy skin. On pressing the papule a sensation was felt similar to that produced by small shot under the skin. These papules covered the body, face and extremities. On the second day the papules become more abundant and approximated each other more, except on the face where they were quite scattered. The intervening skin was congested and of bluish red tint and the appearance of the skin much resembled its appearance in scarlatina. The temperature remained about 100° F.

and the condition of the eyes and throat remained much the same. The disease chiefly attacked young children and in no case were the patients older than thirty. The disease lasted three days after the appearances just described, ending in recovery in all cases. No glandular enlargements were observed: but attention was not specially directed to that point. The epidemic was not a very severe one, the most severe cases being those just described.

CORRESPONDENCE.

FILTHY CONDITION OF THE STREETS OF NEW YORK—THE TYPHUS FEVER EPIDEMIC.

NEW YORK, April 20, 1881.

The most noteworthy event of the past week in this city was the meeting of physicians, held at Chickering Hall, to protest against the filthy condition of our streets, and to warn the public and the officials, who are responsible, of the danger to the health of the city arising therefrom. A bill, the object of which was to take the business of street cleaning from an irresponsible commission, and to place it in the hands of one man, who being appointed by the Mayor, should be held accountable to him, was defeated in the Legislature by those who desire to attain political ends by the perpetuation of the present method. It was with the object of protesting against this action of the Legislature, and of demonstrating the dangers of the present neglect of the streets, that the public meeting of physicians was called. The great interest taken in the matter was shown by the number of eminent professional men present, and the earnest character of the addresses made. Dr. Willard Parker presided, and in his opening speech called attention to the fact that our death rate in the past three months has increased forty per cent. over the rate for the corresponding months last year, and that at no previous time had sickness been so prevalent. From a review of the kinds of disease at present most common he showed the evident connection between them and the filthy condition of the city, and thus made clear the terrible responsibility of those who neglect to clean the streets. He further advanced the opinion that the present conditions were most favorable to the outbreak of an epidemic of cholera, such as occurred in the summer of 1849, and gave an account

of the appalling scenes which were witnessed at that time; in this way showing the necessity of prompt action in the matter. Drs. Fordyce Barker, W. H. Draper, Loomis, Dalton, Roosa, Peters, and Loring followed with eloquent addresses, each bringing forward some new facts, illustrating the evils of the presence of dirty streets and the necessity of a clean city in order to prevent the spread of prevailing diseases. The pernicious effects of dust upon the air passages, and the causal connection between bad air and diseases of the lungs and throat were dwelt upon by Dr. Loomis. Dr. Loring showed the cause of the prevailing epidemic of conjunctivitis to be fine particles of dirt in the air. And the danger of enteric diseases arising from the consumption of meat, which by being exposed in butchers' shops to bad air had become poisoned or infected with germs, was mentioned by Dr. J. C. Peters. The key note of the meeting was struck by Dr. Draper, who said that if no other result was reached by the meeting, it would be made evident that public opinion as to the proper office of physicians should undergo a change, and that the public should regard the doctors as sanitarians, who will teach them how to preserve health instead of merely calling them in to cure diseases. The sentiments of the meeting were embodied in a set of resolutions enumerating the evils attendant upon filth, and urging the necessity of some measure to secure a proper execution of the business of cleaning the city. Perhaps the most forcible of these resolutions was the following: "Resolved, That we deny the right of politicians to decide matters pertaining to the health of the State by claims upon party fealty, and that we protest against the policy which subjects the health and welfare of our citizens to the behests of party leaders, however exalted their position." If numbers, earnestness, enthusiasm, and public approval can make a meeting a success, the assembly was in all points a remarkable one, and the profession of the city is to be congratulated upon appearing as a united body in such a favorable light before the public. The prevention of disease is the problem of the future, and any effort to approach its solution, or to make its importance known and appreciated is creditable to all concerned.

THE EPIDEMIC OF TYPHUS FEVER.

The rapid increase, during the past three weeks, of cases of typhus fever make it probable that we are upon the eve of an epidemic

of this terrible disease. During the first week, after its appearance, it was thought possible by the Board of Health to trace all cases to one centre, and by proper measures it was hoped that its spread might be arrested. But cases have now begun to develop in various parts of the city, and it is evident that their efforts were in vain. The increasing fatality of the disease affords another cause for alarm. The first cases were mild in their course, and the greater number terminated favorably. The reverse seems to be true of these which now appear. In the course of two or three days after the initial chill the temperature reaches 105°, and by the time of the appearance of the eruption the patient is so exhausted by the continued fever, or by the virulence of the poison, that he sinks rapidly. There are now over 150 cases in the Fever Hospital, and as many as eight or ten cases apply daily to Bellevue Hospital for admission. The extreme contagiousness of the disease is seen by the fact that at Bellevue, during the past week, two male nurses and one of the staff of physicians developed the early symptoms; headache, general pains, and high temperature; although patients with the disease are transferred to the Fever Hospital as soon as the diagnosis is made. At present it seems probable that the disease will continue to spread, and many of the older physicians who have seen previous epidemics regard the prospect with no small amount of alarm. In the present filthy condition of New York the mortality here cannot but be high; and if it should become wide-spread in this city, neighboring towns and cities can hardly hope to escape. From every point of view therefore the outlook is very serious. Much blame has been thrown upon the Board of Health by those who think it necessary to find some personal object for abuse in every occurrence. But it is not easy to see in what way the Board could have prevented its importation into the city, and since its appearance, they have done all in their power to arrest it. It is an unfortunate fact, that their efforts have not been followed by success. S.

GASTRORRHAPHY. — Billroth (*Deutsche Medicinische Wochenschrift*, March 26, 1881), has performed this operation for the third time; the patient, however, died the same day. The case was complicated by the adhesion of the pancreas and the stomach.

REVIEWS.

LECTURES ON DISEASES OF THE RECTUM AND THE SURGERY OF THE LOWER BOWELS delivered at the Bellevue Hospital Medical College. By W. H. Van Buren M. D. LL. D. (Yalen.) Professor of the Principles and Practice of Surgery, in the Bellevue Hospital Medical College; Consulting Surgeon of the New York Hospital; of the Bellevue Hospital; of the Presbyterian Hospital; formerly President of the New York Pathological Society, and Vice President of the Academy of Medicine. Member of the New York Surgical Society. Corresponding Member of the Surgical Society of Paris. J. Appleton and Company, New York, 1881. Jansen McClurg, and Co., Chicago.

This is the second edition of a work, which was received with much favor on its first appearance. While not so valuable as the work of Allingham, and inferior in some respects, to that of Bodenhammer it is still an eminently practical work. The first lecture treats of Pruritus Ani, Herpes, Anal Eczema and Oxyuris Vermicularis, in relation to which he says that they are much more common in the adult than is generally supposed, and cause much more reflex trouble than is generally suspected. In the otherwise very full chapter on Hæmorrhoids he says nothing of the use of hot water, which has been found of so much value as a remedy in many cases. The third lecture deals with Prolapsus Ani very exhaustively. The fourth lecture, on Polypus and Benign Tumors, gives many valuable points in diagnosis. The fifth lecture, on Abscess, is very full, considered from the standpoint of pathology and treatment. The sixth lecture, on Fistula in Ano, is perhaps the best in the book. Lectures seventh and eighth on Fissure of the Anus and Ulcer of the Rectum, are interesting and valuable. His views on the frequency of chancroidal ulcer differ very markedly from those of many rectal specialists, notably Kelsey. The next two lectures treat of Benign Stricture of the Rectum very completely and concisely. Lecture eleventh, on Rectal Cancer, is a fair résumé of existing knowledge on the subject. The twelfth lecture considers Congenital Malformation, Fæcal Impaction, Foreign Bodies in the Lower Bowel, Atony of the Rectum, and contains some very valuable remarks on the hygiene of the lower bowel. The book is written in a

clear, concise, pleasant style and the publishers have issued it in very good form.

HERNIA, STRANGULATED AND REDUCIBLE, WITH CURE BY SUB-CUTANEOUS INJECTIONS, TOGETHER WITH SUGGESTED AND IMPROVED METHODS FOR KELOTOMY. By Joseph H. Warren, M. D., Member of the American Medical Association, Member of the Massachusetts Medical Society, Honorary Member of the Otsego County, New York, Medical Society, Formerly Member of the Boston Gynæcological Society, Member of the Boston Natural History Society, Formerly Surgeon and Medical Director, U. S. A., etc. Charles N. Thomas, Boston, 1881.

This work is one of the most pretentious that has appeared for some time, it contains a pompous and egotistical dedication, prefaces, introductions, and appendices, the most prominent word in the whole book is composed of one letter, I. The book is to a great extent an expansion and modification of the Heatonian method of treating hernia. It contains much matter of medico-historical interest. A large portion of it is devoted to new instruments, invented by the author. There is also a large space taken up by anatomical descriptions, not very newly put. The book is not at all systematised, and needs considerable condensation. However, taking into account the author's egotism, his pompous style, his diffuse diction, the book may give to any one who has patience to wade through it, a fair idea of the Heatonian operation, of some ingenious instruments well adapted to facilitate this operation. The book, taken altogether, leaves the rather unpleasant impression that it was intended to circulate among the laity and advertise the author's method of treatment. The book is not a choice specimen, from a bibliographical point of view; it is printed on poor paper and illustrated by rather coarse wood cuts.

THE DIET CURE. THE RELATIONS OF FOOD AND DRINK TO HEALTH, DISEASE, AND CURE. By T. L. Nichols, M. D., Editor of the London Herald of Health. M. L. Holbrook, New York, 1881.

This book is to a great extent an exposé of the "Water Cure" doctrines, and quotes extensively from Hippocrates to Paracelsus, and from Paracelsus to Dr. Gull. It is to a great extent an advertisement of the author's "Water Cure" establishment in England.

DISEASES OF THE JOINTS. By R. Barwell, Senior Surgeon and Lecturer on Surgery, Charing Cross Hospital. Wood's Library of Standard Medical Authors, March, 1881. Wm. Wood & Co., New York. W. T. Keener, Chicago.

This is a very clear and full exposé of diseases of the joints. Its author, while not claiming any great originality, has evidently opinions of his own, which he has carried to their fullest extent in the treatment of this class of diseases. The book gives a very good idea of the neurotic elements of these affections, a part of their relations which too frequently escapes mention. He does not agree with Sayre in considering lengthening an invariable consequence of sacro-iliac disease, and claims to have verified this opinion by clinical experience. The first chapter is a rather long résumé of the Anatomical Characters of Joints, which might just as well have been omitted without injuring the book, and Pathological Anatomy, which latter portion is capable of considerable condensation. The second chapter on Acute Synovitis is a well written and interesting one. The next three chapters on Suppurative Synovitis, Pyæmic Joint Disease, and Strumous Synovitis are interesting, relatively well written, but at the same time not as concise as they might be. The chapters on Rheumatic Synovitis, Movable Bodies in Joints, Hydrarthrosis, Acute Articular Ostitis are well up to date. The chapter on Chronic Ostitis contains a rather finely drawn distinction between tubercle in bone which, he claims, is never found, and tubercle in the osseous granulations which, he says, is what is usually taken for it. Hip Joint Disease is discussed in a very exhaustive manner. The author claims, in opposition to Holmes and other authorities, that excision is not more dangerous than amputation and proceeds to demonstrate this, by statistics from six London hospitals. In an appendix the occurrence of real lengthening is discussed. The book is like other volumes for this year of the library, very fairly bound and illustrated, and the three first volumes of the year have been well worth the amount expended for them.

DR. SONNENBURG, of Strasburg, has been appointed a professor in a medical college of Tokio, Japan.

SIR SAMUEL ROWE, F. R. C. S., has been appointed governor of the Gold Coast.

THE ARMY.

OFFICIAL list of Changes of Stations and Duties of Officers of the Medical Department, U. S. Army, from April 13, 1881, to April 28, 1881.

Bache, D., Major and Surgeon. Granted leave of absence for one month on surgeon's certificate of disability, to take effect as soon as a medical officer reports for duty at Benicia Arsenal Barracks. S. O. 62, Div. of the Pacific and Dept. of California. April 16, 1881.

McClellan, Ely, Major and Surgeon. When relieved by Asst. Surgeon Ebert, to repair to these Headquarters for assignment to duty. S. O. 44. Dept. of the Columbia. April 5, 1881.

Bartholf, Jno. H., Capt. and Asst. Surgeon. When relieved by Asst. Surgeon Spencer, to proceed to Ft. Lapwai, Idaho, to report for assignment as medical officer of that post, relieving Asst. Surgeon Ebert. S. O. 44, C.S. Dept. of the Columbia.

Cronkhite, H. M., Capt. and Asst. Surgeon. To proceed from Camp Sheridan to Ft. McKinney, Wy., and report for duty at that post. Camp Sheridan to be discontinued May 1, 1881. G. O. 8, Dept. of the Platte. April 20, 1881.

Heizmann, Chas. L., Capt. and Asst. Surgeon. Relieved from duty at Vancouver Barracks, and assigned to duty as post surgeon at Ft. Townsend, W. T. S. O. 44, C.S., Dept. of the Columbia.

Ainsworth, F. C., Capt. and Asst. Surgeon. Assigned to temporary duty at the post of San Antonio, Texas. S. O. 56, Dept. of Texas, April 11, 1881.

Spencer, Wm. G., Capt. and Asst. Surgeon. When relieved by Asst. Surgeon Heizmann, to proceed to Ft. Coeur d'Alène, Idaho, and report for assignment as medical officer of that post. S. O. 44, C.S., Dept. of the Columbia.

Biart, V., 1st Lieut. and Asst. Surgeon. So much of par. 1, S. O. 205, September 24, 1880, from A. G. O., as relates to him, is revoked. S. O. 94, A. G. O. April 25, 1881.

Ebert, R. G., 1st Lieut. and Asst. Surgeon. Instructions by telegraph of this date to proceed to Ft. Lapwai, Idaho, and relieve Surgeon McClellan, as medical officer of that post, temporarily, confirmed. When relieved by Asst. Surgeon Bartholf, to rejoin proper station, Ft. Walla Walla, W. T. S. O. 44, C.S., Dept. of the Columbia.

Arthur, Wm. H., 1st Lieut. and Asst. Surgeon. To report in person to comd'g officer, Ft. Saunders, Wy. T., for duty. S. O. 31, Dept. of the Platte. April 16, 1881.

Bushnell, G. E., 1st Lieut. and Asst. Surgeon. Assigned to duty at Ft. Yates, D. T. S. O. 61 Dept. of Dakota. April 11, 1881.

Wyeth, M. C., 1st Lieut. and Asst. Surgeon. Assigned to duty at Ft. Meade, Dakota. S. O. 61, Dept. of Dakota. April 11, 1881.

Cooper, Geo. E., Lieut. Colonel and Asst. Medical Purveyor. Died at San Francisco, California., April 13, 1881.

BOOKS AND PAMPHLETS.		
United States Marine Hospital Service. Report on Trichinæ and Trichinosis. Prepared under direction of the Supervising Surgeon General, by W. C. W. Glazier, M. D., Assistant Surgeon Marine Hospital Service. Published by order of Congress, 1881.		Carl Spinzig, M. D., St. Louis, Mo. Failure of Vaccination. Variolous Infection and Illusion; Vaccination an Injury to Health and a Danger to Life, and as a Protection against Small-Pox, a Vanity. Read before the St. Louis Medical Society, January 15, 1881. Reprint from the St. Louis Clinical Record, for February and March, 1881.
C. T. Wilbur, M. D., Lincoln, Ill. Eighth Bien-nial Report of the Trustees, Superintendent and Treasurer of the Illinois Asylum for Feeble-Minded Children, at Lincoln, October 1, 1880,		Francis H. Stuart, A.M., M.D., Brooklyn, N. Y. The Management of the Perineum during Labor, and the Immediate Treatment of Lacerations, and the Obstetrics and Gynæcology of William Harvey.
Edward W. Jenks, M.D., LL.D., Chicago, Illinois. The Relations of Goitre to Pregnancy and De-rangements of the Generative Organs of Wo-men. Reprinted from the American Journal of Obstetrics and Diseases of Women and Children. Vol. XIV., No. I., January, 1881.		W. W. Allport, M. D., D. D. S., Chicago, Dent-istry and Dental Education. Reprinted from Chicago Medical Journal and Examiner, April, 1881.

REPORT OF MORTALITY FROM MARCH 11, 1881, TO APRIL 9, 1881.

CITIES IN THE UNITED STATES OF OVER 30,000 INHABITANTS.	STATE.	POPULATION.	TOTAL DEATHS.	DEATHS UNDER 5 YEARS.	ANNUAL DEATH RATE PER 1,000.	DEATHS FROM						
						CONSUMP- TION.	ACUTE LUNG DISEASES.	ZYMOTIC DIS- EASES.	DIPHTHERIA AND CROUP.	SCARLET FEVER.	POX.	
Allegheny.....	Pa.	78,000	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Atlanta.....	Ga.	38,000	48	15	19.2	6	12	5	1	0	0	
Baltimore.....	Md.	332,190	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Boston.....	Mass.	375,000	719	283	25.8	127	124	47	78	3	0	
Brooklyn.....	N. Y.	566,689	957	389	27.9	133	139	79	138	42	1	
Buffalo.....	N. Y.	155,159	195	83	17.2	18	24	17	7	11	0	
Cambridge.....	Mass.	52,800	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Camden.....	N. J.	41,714	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Charleston.....	S. C.	57,000	132	40	34.4	27	17	5	5	14	0	
Chicago.....	Ill.	503,298	784	365	20.3	74	111	70	87	7	27	
Cincinnati.....	O.	280,000	398	142	20.3	65	71	16	22	12	1	
Cleveland.....	O.	175,000	218	.....	17.7	36	22	7	14	15	0	
Dayton.....	O.	39,000	.....	.....	.....	.....	.....	.....	.....	.....	.....	
District of Columbia.....		180,000	342	145	24.7	70	75	12	12	0	0	
Evansville.....	Ind.	30,000	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Fall River.....	Mass.	48,626	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Hudson County.....	N. J.	187,950	380	135	26.3	41	55	29	15	15	6	
Indianapolis.....	Ind.	75,350	138	49	23.4	27	16	21	7	2	0	
Lawrence.....	Mass.	39,000	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Louisville.....	Ky.	175,000	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Lowell.....	Mass.	59,485	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Lynn.....	Mass.	38,284	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Memphis.....	Tenn.	34,000	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Milwaukee.....	Wis.	115,761	165	75	18.5	25	16	18	6	8	0	
Mobile.....	Ala.	31,295	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Nashville.....	Tenn.	43,543	.....	.....	.....	.....	.....	.....	.....	.....	.....	
New Haven.....	Conn.	62,882	.....	.....	.....	.....	.....	.....	.....	.....	.....	
New Orleans.....	La.	216,359	501	140	32.6	91	67	12	41	35	0	
New York.....	N. Y.	1,206,507	2,854	1127	30.8	441	502	270	253	142	32	
Newark.....	N. J.	138,000	247	108	23.6	38	38	19	18	3	1	
Omaha.....	Neb.	31,000	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Peoria.....	Ill.	34,850	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Philadelphia.....	Pa.	846,980	1,554	510	23.5	215	138	44	48	34	129	
Pittsburgh.....	Pa.	156,649	296	159	24.7	31	41	31	14	42	2	
Portland.....	Me.	34,000	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Providence.....	R. I.	104,852	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Richmond.....	Va.	65,000	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Rochester.....	N. Y.	90,000	.....	.....	.....	.....	.....	.....	.....	.....	.....	
St. Louis.....	Mo.	350,522	631	231	23.4	65	93	95	12	11	0	
San Francisco.....	Cal.	233,700	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Springfield.....	Mass.	33,000	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Utica.....	N. Y.	33,923	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Wilmington.....	Del.	44,000	.....	.....	.....	.....	.....	.....	.....	.....	.....	
Worcester.....	Mass.	58,295	.....	.....	.....	.....	.....	.....	.....	.....	.....	

DAILY EDITION
OF THE

Chicago Medical Review

Published on the Fifth and Twentieth of the Month.

VOL. III. No. 10.

CHICAGO, MAY 19, 1881.

\$2.00 A YEAR.

Now it came to pass that in the fifth month of the year there was a coming together from the North, the South, the East and the West, of the sons of Esculapius, five hundred men, in that great city by the sea, which was called Chicago, and they were sore vexed as to what manner of literature should be deemed authority on all subjects pertaining to the practice of "Physik." And the second day was set aside as that upon which the sagest men should speak unto them their mind and experience. And when the day had come and all were assembled, up arose one Hippocrates Davis, whose counsels for many ages had been sought by the wisest of all the tribes. And thus spake he: Be it known to this learned gathering that for as many ages as have I urged the study of physic and made it my first duty of life to know its power to overcome dire pestilence, still searched I in vain, even until my eyes beheld the parchment of the Chicago Medical Review, wherein became I much learned for reason of the manner of its folios, which were not the offerings of chaff, but are rather the choice gleanings of wisdom from the sagest physicians of every tribe world-wide. Greater valued I it for reason of the philosophy of its editorial criticisms. Therefore, Oh! my hearers, labor I with you that you daily seek wisdom therefrom, and strictly follow its teachings as to the physicking of each and every one from the swaddling clothes even unto old age. Also value I it from its prudent counsels as to alcoholic abstemiousness. Then sat he down.

And out spoke Solomon Byford, who like Solomon of old, stood great in favor among the grand matrons and fair maidens for reasons of his healing power over the ills which do much beset them. Thus spake he: Oh! my brethren, great wisdom and great profit have I reaped because of my strict adherence to the wise teachings of this wonderful Review.

Next came one Demosthenes Jewell, and all the people with one accord listened, when he spake as follows: In travels by land and by sea, and in all my researches have I never, not even hardly ever, beheld any volume so abounding in backbone, and so void of neurasthenia; therefore say I unto you, though ye read many journals fail ye not to ponder over the Chicago Medical Review.

Then one Socrates Cook, once leader of all the mighty tribes and dwellers in the land, Mendota, did utter these words: Great increase of wisdom have I discovered, also great increase of shekels to all them who have closely followed the letters of this wondrous volume.

So after these great and mighty men had made an end of speaking, the brethren did all rise up and with one voice shouted, Let us follow the words of these wise men this day uttered, and let us establish unto our profession the law that each and every son of Esculapius shall hereafter deem it the authority, even as the statute is unto the state, and without further delay subscribe we all for the

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The Chicago Medical Review entered the field of Medical Journalism less than two years ago with expressed guarantee that its policy should be independent, liberal and critical; that it would support the best interests of the medical profession, and that it would not be the organ of any educational, medical, or pharmaceutical organization. On the strength of this guarantee the editor secured the support of about fifty of the most eminent practitioners in America, and through them so much active sympathy from the profession that the Review has rapidly risen to a leading position at home and abroad.

It is the intention of the publishers and editors to spare no labor which will render it even more practical and useful to the profession.

Special attention is called to the plan which characterized the Review in its foundation, which has been, and will continue to be steadily improved.

THE EDITORIAL DEPARTMENT contains concise and critical reviews of the most advanced periodical medical literature throughout the world. It also aims to have an essentially journalistic cast in the discussion of medico-political topics, so that from the polemic standpoint, it shall exemplify in medical journalism those qualities which have given to the more scholarly and dignified representatives of the secular press their great influence.

CONTRIBUTIONS.—The predominance given to the editorial department necessitates a limitation, both in the number and length of contributions, and entails much care in their selection. Among those from whom contributions have been promised and may be expected, during the coming year, are Dr. William A. Hammond, Dr. J. S. Jewell, Dr. T. Gaillard Thomas, Dr. E. C. Spitzka, Dr. Alex. J. Stone, Dr. Edmund Andrews, Dr. Christian Fenger, Dr. V. P. Gibney, Dr. Paul F. Munde, and Dr. H. M. Bannister.

CORRESPONDENCE.—The Review has correspondence from the medical centres of the world, including New York, Paris, London, Berlin, and Vienna.

BOOK REVIEWS.—These will be placed in the hands of writers qualified to speak with authority.

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CHICAGO, MAY 19, 1881.

\$2.00 A YEAR

THE COUNTRY DOCTOR.—The prospectus of a journal, calling itself the "Arkansaw Doctor," has been received. The Arkansaw Doctor apparently possesses three persons and two genders, as shown by the fact that the author of this brilliant brochure, the prospectus, designates the "Doctor" at first by the lofty autocratic editorial "we," then sinks to the humble "he," and finally to the menial "it." This very impersonal, or rather poly-personal journal claims to be, in a peculiar sense, the organ of the "country doctor." The "country doctor," for whom this wonderful specimen of English is to be the organ, must be rather a rara avis. He is not the country physician to be met with in a hundred villages, for that gentleman usually speaks and writes English correctly, and does not require an "organ" couched in the peculiar tongue that marks the "Arkansaw Doctor;" in point of fact, that gentleman does not require any special organ, being usually content with subscription to and perusal of, the best independent medical journal. The "Arkansaw Doctor" will soon (if ever it be born) it is to be feared, become one of the lost journals, since his claim to be the "organ" of the

country would of course prevent the acceptance of the subscription of the city doctors, were they inclined to subscribe; while his peculiar English and confused gender would hinder the country physician from subscribing to such a dubious "organ." The country doctor, to judge from the cant usually indulged in about him, must be an apt confrère of the "busy physician," for, as the latter is supposed to read all sort of trash in the shape of books, the former is believed by sundry credulous advertisers, to be fed on such mental pabulum as the Arkansaw Doctor. The country doctor is, however, as a rule, far too shrewd and too intellectual to read journals like the "Arkansaw Doctor," other than as a literary curiosity.

SHALL HOSPITAL INTERNES BE PAID? is a question which is just now assuming some little importance. At first sight, there appears to be but one side to this question, and that, the affirmative one. The young physician who enters an hospital usually devotes a great deal of time to things that certainly are not remunerative either from a pecuniary or scientific standpoint; his immediate medical superior is either too

busy, or, it may be delicately hinted, too dilettante a physician to give much instruction to his subordinates, and the latter frequently runs through his hospital service, having picked but few facts likely to be of value, and without ever having been trained to observe. The cause of this state of things is the appointment of large consulting staffs of dilettante physicians, merely for social reasons. But to pay the interne, would simply be to introduce the element of office seeking, which is the bane of the United States. The friend of some alderman or ward boss would receive the position in all city hospitals if salaried, and some member of the social clique ruling the private hospitals would receive their appointments. Abstractly, therefore, the physician should be paid for his services practically, to do so would be to still more deteriorate the now too imperfect system of hospital management. Payment of salaries, it is almost certain, would result in the appointment of very inferior physicians, governed solely by political and mercenary considerations. Under the present system there is certainly some intention to sacrifice time in the acquirement of knowledge, under the salaried system, the elevating influence which such sacrifice entails, would disappear.

SPECIALOPHOBIA.—Perhaps the most interesting paper read yesterday, from a literary standpoint, was that of Dr. Jackson on "Specialism in Medicine." Such at least, would appear to be the verdict of many of the members of the society whose eyes were closed in ecstasy over the literary treat offered them by Dr. Jackson. The doctor first wandered for some minutes over the regions along the Nile, and then, having constructed several very elaborate windmills, proceeded to demolish these. His position as regards specialism was thoroughly endorsed by the society, as when the paper was ended, it was accepted without one dissenting voice. The doctor might have acted equally well on his

friends as a means of after dinner hygiene, without bringing so very much of the reproductive element into a paper intended for a audience including female physicians.

LARYNGOLOGICAL.—Dr. E. F. Ingals was not very complimentary to the delegates yesterday when he stated that he would not apologize for the production of his pre-raphaelistic picture of the larynx, because it afforded the members a chance they might never have again, of seeing the larynx. This shows a reckless disregard for consequences, sometimes characteristic of the exuberance of youth.

AIR AND EXERCISE.—A delicate, cadaverous looking young man walked into the office of one of our most successful physicians yesterday and asked for his advice. The doctor who was in a hurry, said, "Young man, all you want is sunlight, fresh air, and exercise. I do not need to be told that you have been doing too much of this miserable desk work, that you have been cooped up in a close poisoned office for years. I presume that you have not had a half day of exercise in the open air for months. "What is your business?" The patient not having had an opportunity to speak, up to this time, innocently replied: "I am a mail carrier, sir."

MEDICAL ECONOMY.—Two rival practitioners in a neighboring village have an effective and novel way of satisfying the public with their charges. Dr. B. presents to his patient a bill of twenty-five dollars for reducing a simple luxation at the shoulder joint. The patient objects, and threatens to consult Dr. A., the rival, on the propriety of such an extortionate charge. Dr. B. says, "A. is such a scoundrel that he is liable to say what he thinks would be to his own advantage. He is an excellent doctor, and is always loyal to the public, but in his professional relations is a regular pirate. I desire you to understand that I am entirely able to make and sustain my

own charges, and that I shall give no heed to what he may say."

Dr. A., upon seeing the bill and hearing the patient's explanation, puts it indignant-ly into his pocket with a savage biblical comment about the professional rascality of Dr. B., at the same time remarking that B., while a rascal in his relations with other practitioners, is, for some strange reason, a skillful doctor. Then he enters upon a most blasphemous tirade against him, saying that for making such an outrageous bill, he will, by means of this documentary evidence, have him expelled from the State Society; that he thinks of leaving that town because of the professional villainy of Dr. B. He calls him a score of hard names, and gives emphasis to the attack by the free use of adjectives and other parts of speech, quoted directly from the unrevised Scripture, and when he is out of breath from much savage abuse of his rival, the patient, frightened all out of his senses, meekly inquires what would, in A.'s opinion, be a proper charge for such an operation, when A. turns furiously upon him and says: "You are an idiot, Sir! It ought to be at least fifty dollars. Such a scoundrel as Dr. B., makes it impossible for a respectable physician like myself to live in this cramped up little town." Exit B.'s patient, sharply followed by A.'s dog

It is said that each of these gentlemen keeps the other constantly informed of the names of his dissatisfied patients.

MURIATED TINCTURE OF IRON IN PURPURA.—Dr. A. Coriveaud (*Journal de Medecine de Bordeaux*, April 17, 1881) claims that the muriated tincture of iron has had in his hands very marked effects on purpura, the other iron salts being of no avail, and an improvement in the patient's condition being marked when, during the treatment, a change from any other preparation of iron to the muriated tincture was made. The remedy certainly seems worthy of further trial, although its use is not entirely new in this class of diseases.

MASSAGE IN ILEUS.—Dr. Wilde of Brooklyn, New York (*International Journal of Medicine and Surgery*, February 19, 1881,) has followed Busch's treatment of ileus, by massage. Fæcal obstruction of the transverse colon was detected, and the nurse was directed to work this in the direction of the sigmoid flexure, which was done, resulting in perfect relief to the patient.

A COIN TWO YEARS IN THE ŒSOPHAGUS.—At a recent meeting of the Glasgow Clinical Society (*Glasgow Medical Journal*, March, 1881,) Dr. Frew exhibited a half-penny which had been in the œsophagus of a child four years old, for two years, producing obscure symptoms. The coin was finally ejected by vomiting.

HILARITY.—Some of the members of the State Society seemed to be in very high spirits yesterday afternoon, and several reports were postponed to a more convenient time in consequence.

COMMITTEE OF ARRANGEMENTS.—Some of these gentlemen should be censured for not wearing the blue badge which has been chosen for the purpose of separating these grand beings from oi polloi.

A NEW THERAPEUTIC PROCEDURE, or a new use of English, was indulged in by a physician at one of the medical societies recently, as he claimed to have "ejected morphine into a patient."

THE AMERICAN LARYNGOLOGICAL ASSOCIATION at its meeting at Philadelphia, elected Dr. F. J. Knight President, Dr. E. L. Shirley and Dr. W. Porter Vice Presidents.

SIXTY-FIVE CANDIDATES passed the last examination of the Royal College of Surgeons, and thirty-six were rejected.

DR. GEORGE P. DALE has been made a Justice of the Peace in the North Riding, Yorkshire, England.

PROCEEDINGS OF THE ILLINOIS
STATE MEDICAL SOCIETY.

WEDNESDAY MORNING.

The May 18 meeting of the Association was called to order twenty minutes after nine, and the first business being the reading of the minutes, this, on motion, was dispensed with.

The following delegates were registered yesterday:

D. E. Burlinghame,	I. E. Barret,
E. Blanchard,	A. Clark,
B. F. Crummer,	F. P. Eldridge,
J. M. Everts,	Henry F. Godfrey,
A. Hard,	M. Hutchinson,
H. M. Hewitt,	F. M. Jacobs,
W. H. K. King,	C. Leavitt,
D. Lichty,	J. G. McKenny,
P. G. Manley,	Eliza S. D. Norred,
A. P. Owens,	A. E. Proud,
W. Rainscher,	C. Truesdell,
C. Utley.	C. S. Taylor,
F. C. Hotz,	J. H. Rauch,
V. L. Hurlbut,	R. E. Starkweather,
D. A. K. Steele,	T. P. Seeley,
H. M. Starkey,	L. A. Clark,
P. G. Mauling,	Enoch Blanchard,
A. E. Prince,	J. D. Colt,
W. R. Shinn,	T. H. Johnson,
D. T. Douglas,	J. H. Fellows,
H. W. Morehouse,	R. W. Crothers,
J. R. Corbus,	J. A. Freeman,
J. H. Broffit,	B. Z. Aplington,
E. E. Elliot,	O. W. Moore,
W. W. McMann,	R. M. Wilson,
C. H. Norred,	R. J. Mitchell,
H. Ziesing,	P. H. Garretson,
J. P. Mathews,	W. P. Walker,
Louise M. Dawson,	S. M. Wylie,
M. M. Robbins,	A. L. Norris,
H. Utley,	G. W. Ramsey,
J. Livingood,	W. Ransome,
W. T. Colwell,	J. E. Burnett,
T. W. Jacobs,	H. Gradle.
W. A. Brown,	J. H. Braffer,

The report on Ophthalmology and Otology was read by Dr. F. C. Hotz. The report described the new operations on the eye which had come to his attention during the year, and gave a list of the most recent literature of the subject. Under the subject of New Discoveries in the Pathology and Therapeutics of the Subject, the report mentioned cases where an overdose of quinine produced total blindness, as well as deafness. An overdose of this drug seems to operate upon the optic nerve by producing anæmia, while it produces hy-

peræmia of the tympanum. The report discussed the symptoms and treatment of Keratitis. In the treatment of one case of this disease, quinine was used with decided improvement, while a local treatment failed. Homatropine, a remedy something like atropine, has been used. It enlarges the pupil as much as an equally strong solution of sulphate of atropia. The effect of atropia continues for many days, and prevents the patient from reading or writing; but the effects of Homatropine pass off in twenty-four hours. The report discussed the symptoms and treatment of malarial otitis. In regard to the audiphone, the report says its use has not been satisfactory. As at present constructed, its range of usefulness is rather limited. The number of persons benefitted is exceedingly small. The magnet has been successfully employed in ophthalmic operations, particularly in removing iron from the eye. One physician has removed by this means a bit of iron from the vitreous humor. The report discussed the question of the destruction of the ciliary nerves in order to prevent the sympathetic inflammation, which is communicated by these nerves to the fellow eye. The report expressed the opinion that enucleation was the best means of preventing the spread of sympathetic inflammation.

Dr. W. J. Maynard, of Chicago, read the report of the Committee on Dermatology and Syphilis.

The first subject treated was ring-worm of the scalp, and showed that this disease is in the proportion to all other diseases, as about one to thirty-one. The symptoms of the disease, including its three phases, were presented in detail. One of the variations of the symptoms may be seen in pustules scattered over the scalp, either in groups or solitary. The result is bald spots, on account of the destruction of the hair follicles. The cause is usually constitutional, strumous or scrofulous diathesis. Eczema and psoriasis often attack the scalp, and are frequently confounded with ring-worms. The differences in diagnosis were carefully pointed out. In making the examination, note the condition of the hair as it comes out. A pocket lens and microscope are necessary for making the examination, combing the hairs slowly the wrong way, when broken hairs will be found, and hairs that are unusually brittle. The treatment must first secure isolation of the patient, as far as possible.

Every means must be taken to prevent the spread of the disease, since it is the result of a contagious parasitic fungus. It has been proved that the disease has been transmitted from a squirrel, and from bovine animals and horses. Children having the disease must not be sent to school. The hair should be cut over and around the diseased spots, and if the disease appears in patches all over the head, the hair must be entirely removed. The scales must be removed by a poultice of sweet oil, or by soaking the parts with sulphurous acid, one part to four of water. Then the parasiticide remedies must be employed; the best is oleate of mercury. A description of the peculiar forceps used in extracting dead and diseased hairs was given. Change of air is often of use in curing the patient. Diseased hairs are often supplanted by soft downy hairs.

The report was accepted and referred to the Committee on Publication.

Dr. C. T. Reber, of Shelbyville, Illinois, read a short paper on the "Influence of Submucous Fibroids on Gestation and Parturition." The report gave several instances of the existence of these fibroids and the results of their treatment with ergot. Excessive hæmorrhage frequently results from these fibroids.

Dr. W. S. Caldwell, of Freeport, read a paper on the "Management of Afterbirth." He called attention to the apathy in existence among the profession in regard to the amount of hæmorrhage permissible. He maintained that the hæmorrhage should be as far as possible limited, because secondary evil consequences were almost sure to arise from excessive hæmorrhage. The doctor had employed ergot, and had not found it of much use. It had almost uniformly failed. The doctor also presented a supplemental report by Dr. B. F. Crummer, of Warren, on "placental forceps." Dr. Caldwell exhibited a new instrument, a uterine irrigator, to be employed in introducing styptic fluids into the uterus. The instrument was graduated so that a definite amount of fluid could be used.

Dr. E. F. Ingals read the report on "Laryngeal Tumors," the symptoms usually are, first a severe cold, and hoarseness continued for some time. Speaking and swallowing are frequently much interfered with, the vocal chords are also affected. If the tumor is on the cord, aphonia is caused. The tendency of these growths is to increase. If hoarseness has been pro-

duced, no cure can be effected, except by the removal of the tumor. Large tumors are often dangerous to life. Malignant tumors are necessarily fatal, whether or not they are properly treated. It has been claimed that two cases have recovered. Treatment will prolong life a short time, but the result is inevitable. Tumors must be removed by operative measures, through natural passages when possible. If this is not practicable, they must be removed by tracheotomy, thyrotomy, or inter-thyroid laryngotomy. The most of the papillary growths are not larger than a pea, and are multiple. They are attached to the vocal cords, the ventricular bands or the inter-arytenoid fold; the latter, when they are caused by phthisis. The first cause is a chronic catarrhal inflammation. The doctor related several cases, and had employed in its treatment, sulphate of zinc thirty grains to the ounce of water, and bromide of potassium internally. Another case, where a papillary tumor about the size of a pea existed, it was removed by the forceps and the place cauterized. Afterward sulphate of zinc was used, which produced a complete cure. In a case diagnosed as laryngeal phthisis, benzoin, cod liver oil and chloride of zinc were employed. After two weeks the patient was considerably improved, went South, and finally died very suddenly, probably of œdema of the glottis.

Cancer of the larynx, when fairly begun, must be considered as inevitably fatal. Tracheotomy will often prolong life, sometimes several months, and even as long as two years. Thyrotomy has generally been unsatisfactory. Removal of the larynx has been performed, but it is exceedingly hazardous. The paper was received and, on motion, referred to the Committee on Publication.

Dr. Truesdell advocated the use of a solution of carbolic acid, spray as an antiphlogistic remedy. So far as his experience was concerned, carbolic acid in sufficient strength and sufficiently repeated, would cure ordinary inflammation of the larynx. He used a saturated solution of carbolic acid, one part to sixteen of water, and diluted that one half, and used it in the form of spray.

Dr. Whitmire, of Woodford County, said he had found no remedy that would at all compare in usefulness with a spray of carbolic acid in cases of diphtheria. He had used it successfully even when the false membrane had begun to form on the larynx.

A recess was then taken to enable the delegates from the respective counties to meet together and arrange for the appointment of delegates to the Nominating Committee.

During the session a petition was passed around and numerously signed, praying for the repeal of the ten year clause of the Medical Practice Act.

The following Committee on Nominations was then chosen:

COMMITTEE ON NOMINATIONS.

F. B. Heller,	Fayette County,
C. C. Hunt,	Lee "
A. T. Darrah,	Champaign "
D. S. Jenks,	Kendall "
A. C. Carr,	Macoupin "
N. C. Rankin,	Iroquois "
W. F. Kirk,	Logan "
E. Ingals,	Cook "
G. W. Nesbitt,	DeKalb "
L. T. Culbertson,	Ford "
E. Blanchard,	Medford "
T. D. Washburn,	Montgomery "
A. G. Meserve,	Crawford "
W. M. Cox,	Brown "
I. G. McKinney,	Pike "
O. W. Moon,	Grundy "
C. Chenowith,	Macon "
Jno. Wright,	DeWitt "
J. M. Cowen,	Putnam "
E. P. Cook,	LaSalle "
K. E. Rich,	Marshall "
W. A. Byrd,	Adams "
Ellen A. Ingersoll,	Fulton "
J. P. Johnson,	Peoria "
M. W. Walton,	Stephenson "
A. K. Van Horne,	Jersey "
J. H. Mosher,	Whiteside "
W. O. Mendelhall,	Vermillion "
J. D. Whitly,	Menard "
N. S. Reed,	Cass "
F. R. Pitner,	Clay "
C. T. Reber,	Shelby "
A. Hard,	Kane "
J. P. Walters,	Wayne "
T. J. Maxwell,	Henderson "
L. J. Schifferstein,	Richland "
A. P. Owens,	Perry "
D. P. Crammer,	Jo Daviess "
G. H. Tebo,	Schuyler "
W. T. Walker,	Mason "
A. T. Barnes,	McLean "
J. L. Hallam,	Marion "
A. G. Prince,	Morgan "
S. C. Plummer,	Rock Island "
D. E. Foote,	Boone "
W. H. Kaull,	Bureau "
T. H. Johnson,	Jasper "

Drs. Haller, Fayette, Coles and Jenks were elected members by invitation, after which the Society adjourned till two in the afternoon.

WEDNESDAY AFTERNOON.

The meeting was called to order at 2.10 P. M. by the President.

Dr. J. H. Hollister, of Chicago, read a paper on "Thermal Conditions." He reviewed the old theories of heat, when the dynamic theory of heat was accepted. An explanation was made of many phenomena, heretofore unknown. Dr. Hollister discussed the subject as follows: 1. How heat is produced; 2. The conservation of heat; 3. The conditions in which extreme temperatures are developed; 4. The results of effects of extreme thermal conditions upon the animal economy; 5. The means of preventing or controlling excessive temperatures.

The doctor then proceeded to show the old theories of heat production, and expressed the conclusion that heat was produced by molecular changes in the body; as these changes increase, heat increases, as they diminish, heat diminishes. On the conservation of heat much has recently been written. It was a great thing gained when it was discovered that the temperature in a part is intimately concerned with the circulation; so it was another point gained, when it was learned that through the agency of the nerves, the calibre of the blood vessels is regulated. The author proceeded to discuss the question, whether the vessels are supplied with vaso-dilator fibres as well as vaso-constrictor fibres. He concluded that it was more than probable that there exists a nervous or muscular organism whereby dilatation is accomplished. It is pretty well settled that the vaso-motor centre is situated in the medulla, and that in the horns is a heat center. The conservation of heat will largely depend upon the reflex nervous system. A decreased circulation will reduce the temperature, and this may be accomplished partly by external applications, and partly by medicines administered internally.

The author then spoke of the general effects of high temperature upon the annual economy, general bodily lassitude, increased susceptibility to fatigue, impairment of the digestive function, especially in the case of children of the second year, who are so liable to suffer from summer complaint. There may be also danger of loss of vascular tonus from diminution of

the blood circulation in a long continued high temperature.

The changes liable to occur in the internal organs, on account of extreme high temperature, were then spoken of. In the lung, a temperature above 102° F. may produce enlargement, consolidation, an oedematous conditoin, the "cloudy swelling" of Virchow, a condition similar to inflammation, necrosis or fatty degeneration. The heart appears to undergo fatty degeneration. The liver becomes enlarged and friable, the cells granular, and have the appearance of fatty degeneration. The cuticular portion of the body is the first to suffer. In all diseases which are largely the result of heat, there should be much solicitude concerning the treatment. Among these diseases are typhoid and relapsing fevers, insolation exanthemata, septic fevers, erysipelas, traumatic fevers, rheumatism. With all these diseases, the first object should be to control the temperature.

There are two ways of controlling high temperatures; one is by lessening the generation of heat, the other, by facilitating its dissipation. To accomplish the first-named result, cardiac sedatives may be used, in order to reduce molecular action to the minimum. Rather to be adopted is the second plan, namely, lowering the temperature of the body. The effects of cold in reducing high temperatures are especially seen in the treatment of insolation. Dr. Wood, in his work on fevers, reports a case of insolation in which the patient was in such condition that death seemed imminent. He was placed in a bath of ice water, and lumps of ice placed around his neck, head and shoulders. When put into the bath he was unconscious, and his temperature was 105.5°. In fifteen minutes the temperature fell to 104°, and he commenced to regain consciousness; in thirty minutes the temperature was 102°, and the patient was entirely conscious. Dr. Hollister, following the lead of the Germans, advocates the use of cold sponge baths in cases of typhus and typhoid fevers, measles, scarlatina, etc. Various methods were described. Temperature may thus be reduced in a single bath from four to six degrees. The Germans have had much success in treating fevers by cold. Still there is danger in this treatment from the effects of reaction. The last question "By what means shall we control pyrogenesis by remedial agents?" was next discussed. These remedies are chiefly those of cardiac

sedation, increase of the circulation, and a stimulation of the perspiration. The chief remedial agents are tartar emetic, veratrum viride, hydrate of chloral, and quinine.

The paper was received and on motion referred to the Committee on Publication.

Dr. Hill of Bloomington, exhibited an instrument invented by Dr. Russell of Bushnell, for the immediate performance of tracheotomy.

Dr. Maxwell presented a report on Intra-Capsular Fractures, which consisted of a summary of the researches of modern surgery, together with his own method of treatment, illustrated by two cases. Intra-capsular fractures of the femur are peculiar to advanced life and to females. This class of fractures has been notable on account of the extreme difficulty of obtaining union of the fractured bone. Union does not take place for four reasons: 1. From the position of the bones the arterial supply is materially diminished. 2. The reparative material that may be developed has no permanency. 3. Any reparative material is so diluted by synovial fluid, as to become inoperative. 4. Imperfect coaptation of the bones. These causes combined with the action of the powerful muscles at the locality of the fracture, constitute the chief reasons for the want of union. The usual method of treating such fractures has been to practice extension and counter-extension in the usual way. Sir Astley Cooper advised the use of a double inclined plane, the leg being flexed. After fifteen days, the patient was to sit up and walk around with the aid of crutches. The displacement in cases of this kind is usually upward and inward. The femur is drawn upward, the limb rotated outward with eversion of the foot and shortening. Crepitation can be distinguished when extension is made. The teachings of modern surgery, that extension be used, is not sufficient. The author then submitted the following plan, devised by himself, which he had employed with good effect in two cases in his own practice: Let extension be applied in two directions, longitudinally and laterally. This tends to aid coaptation of the fractured surfaces. The author then reported two cases of intra-capsular fracture of the femur. In the first case, a lady fifty-two years of age, the union was perfect in seven weeks, so that she considered the fractured limb the best of the two. The second case was that of a man seventy-two years of age. The

soreness and pain passed away within a week after the application of Dr. Maxwell's apparatus, union was perfect in five weeks, and now, three and one half months after the receipt of the fracture, the patient walks well and without crutches. The treatment certainly seems rational and appears to be indicated in fractures wholly or partly intra-capsular.

On motion the paper was received and referred to the Committee on Publication.

Drs. L. S. Putney and D. K. Browker of Michigan, were made members of the society by invitation, on motion of Dr. Roswell Park, of the Committee of Arrangements.

The report of the Committee on Vital Statistics was now called for. Dr. Rauch was prevented by indisposition from making the report.

Dr. A. Reeves Jackson, of Chicago, read a paper on "The Present Status of Specialism in the United States." Specialism was nothing new. It existed in the earliest stages of medical skill. There were doctors of the liver, the skin, the head, and even the toe nails, in ancient Egypt. The doctor discussed the salient causes of specialism. These he believed to be chiefly two: 1, The multiplicity of professorships in medical colleges; and 2, deficient medical education. There was a time when a medical faculty consisted of only three or four persons; now there are some colleges which have as high as thirty or forty professors. Students are too deficient in medical knowledge. Dr. Jackson asked how many students at the time of their graduation ever attended or were required to attend a single case of labor, or to use an obstetrical instrument, or a catheter, or to ligate an artery. When such cases occurred, the young doctor first became acquainted with his deficiencies. Thus they attempt to find proficiency in one or more departments. Several colleges recently have established post-graduate courses; but these do not furnish the practical skill required. The teaching is done by means of lectures and demonstrations, but the opportunity is not given for necessary personal practice. The schools do not honestly supply what they know their students most need, clinical experience. Is specialism necessary? The answer is, Yes. There is a necessity. Were it not for the special worker, the profession would go backwards. All progress has been accomplished through specialism, concentration of effort and thought.

Many objections are raised against specialism. It is said specialists are likely to become narrow and illiberal; that their observation is partial, and leads to erroneous diagnosis, and to the development of men of one idea. But Dr. Jackson claimed that this was only true of very ignorant specialists. The true specialist is he who, with a good medical education, finds himself impelled, for some reason, to treat some one class of diseases, and to investigate them more fully than can be done by the general practitioner. The doctor satirized the practitioners who condemned the gynæcologist. Most of these men were either ignorant or wicked. They belonged to the class who had three rules: 1, Iron for anæmia; 2, Strengthening plaster for the backache; and 3, An alum wash for leucorrhœa. The paper concluded with a statement of the particular knowledge which the medical faculty owed to the specialists. The specialists have a right, therefore to look to general practitioners for support and assistance.

The next in order was the paper of Dr. Earle on Roetheln, already published in the Review, and also a supplementary paper by Dr. Roswell Park, giving a history of his cases in the Illinois Eye and Ear Infirmary.

A report prepared by Dr. M. A. McClelland, of Knoxville, on "The Legal Regulation of the Practice of Medicine," was read by the Permanent Secretary, Dr. Jones.

The Committee on Nominations being ready to report it was moved and seconded that the report be received through its chairman, Dr. E. Ingals.

For President, Dr. Robert Boal, Peoria.

First Vice-President, Dr. A. T. Darrah, Tolono.

Second Vice-President, Dr. Ellen A. Ingersoll, Canton.

Treasurer, Dr. J. H. Hollister, Chicago.

Assistant Secretary, Dr. Wm. A. Byrd, Quincy.

The next place of meeting, Quincy.

Committee of Arrangements, Drs. Jas. Robbin, J. T. Wilson, F. Drude, J. A. Wagner, M. F. Bassett.

STANDING COMMITTEES.

PRACTICAL MEDICINE.

Dr. W. D. Ensign, Rutland, Chairman.

Dr. John Wright, Clinton.

Dr. H. T. Godfrey, Galena.

SURGERY.

Dr. E. W. Lee, Chicago, Chairman.

Dr. D. W. Graham, Chicago.
Dr. J. P. Mathews, Carlinville.

OBSTETRICS.

Dr. J. B. Davison, Malone, Chairman.
Dr. A. C. Carr, Carlinville.
Dr. J. Y. Campbell, Paxton.

GYNÆCOLOGY.

Dr. E. W. Jenks, Chicago, Chairman.
Dr. G. W. Nesbitt, Syracuse.
Dr. F. Cole, El Paso.

OPHTHALMOLOGY AND OTOTOLOGY.

Dr. A. E. Prince, Jacksonville, Chairman.
Dr. W. T. Montgomery, Chicago.
Dr. C. Chenowith, Decatur.

DRUGS AND MEDICINES.

Dr. Jos. Robbins, Quincy, Chairman.
Dr. T. J. Pitner, Jacksonville.
Dr. L. L. Silverthorne, Charleston.

NECROLOGY.

Dr. E. Ingals, Chicago, Chairman.
Dr. Wm. Hill, Bloomington.
Dr. W. West, Belleville.

SPECIAL COMMITTEES.

On the relation between syphilitic and non-syphilitic lesions of the skin, Dr. James Nevins Hyde, Chicago.

On the management of Diseases of Children, Dr. W. O. Mendenhall, Georgetown.

On Medical Legislation, Dr. W. A. McClellan, Knoxville, Chairman.

Dr. D. S. Booth, Sparta.
Dr. Wm. Hill, Bloomington.
Dr. C. Truesdell, Rock Island.
Dr. E. Ingals, Chicago.

On Diseases of the Nervous System, Dr. S. M. Wylie, Paxton.

MEMBERS JUDICIAL COUNCIL.

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A. K. Van Horne, Jerseyville.

Dr. H. Gradle read a report on the "Infectiousness of Tuberculosis." He reviewed the latest dicta in regard to tubercle. It is now well settled that tubercle can be communicated by inoculation. The period of incubation varies in various animals, ranging from two to four weeks. The paper discussed the anatomical structure of tubercle, and the phenomena attending its appearance. Inoculation will prove that scrofula is essentially a species of special tuberculosis. The question "Can anything else than a specific virus produce tuberculosis?" has been settled by the general belief that it cannot, although for some time

it was believed that certain kinds of irritation would produce tubercle. Even rabbits and guinea-pigs do not take tubercle unless by inoculation. The disease, therefore, depends upon a specific virus. The period of incubation in guinea-pigs and rabbits varies from twenty to thirty days. Deducible from this is the question "To what extent is phthisis contagious?" Only clinical experience can answer. Milk, containing tubercular virus, may propagate it. A very small amount of the virus is all that is necessary. As to the question "What produces tubercle?" the answer made by several observers is, that it is bacteria. The paper discussed, at some length and with much clearness, this and other questions relating to this interesting subject.

THE BANQUET AT THE GRAND PACIFIC HOTEL.

The following is the programme and menu:

PROGRAMME.

MUSIC.

GRACE.

BANQUET.

DR. H. A. JOHNSON, Chicago, PRESIDING.

MUSIC.

TOASTS.

1. OUR ANNUAL REUNION.

"They have measured many a mile
To tread a measure with you on this grass."

Dr. Geo. Wheeler Jones, Danville.

2. THE PRESS.

"Who is it in the press that calls?"

Hon. Wm. K. Sullivan, Chicago.

MUSIC.

3. "CHICAGO."

"What imports the nomination of this gentleman?"

"Such is the patriot's boast, where'er we roam,
His first best country ever is at home."

Hon. Carter H. Harrison, Chicago.

4. THE PROFESSION: WE LIVE BY IT, AND WE DIE BY IT.

"A hit: a very palpable hit."

Dr. B. M. Griffith, Springfield.

MUSIC.

5. MEDICAL DUCKS THAT DON'T QUACK.

"Wherefore whatso ye have to saye,
In things about your arte,
Let it be done among yourselves,
In secrete and aparte."

Dr. Chas. T. Parkes, Chicago.

6. UNANIMITY IN MEDICINE.

"How full of briers is this working-day world!"

"What's mine is yours, and what is yours is mine."

Dr. D. R. Brower, Chicago

MUSIC.

7. THE BROTHER PROFESSIONS.

"That boy we call Doctor,
And this, we call Judge."

Hon. James L. High, Chicago.

8. GOOD NIGHT.

"The fires of youth extinguished quite,
Comes age, like embers, dry and white:
Think of this as you take tobacco."

Dr. N. S. Davis, Chicago.

MUSIC.

MENU.

SOUP.

Green Turtle.

FISH.

Baked Black Bass.

REMOVES.

Sirloin of Beef.

New Potatoes.

Spring lamb.

Mashed Potatoes.

Capon.

Sliced Tomatoes.

Loin of Veal.

Green Peas.

Asparagus.

Cucumbers.

ENTREES.

Sweetbreads, Larded, aux Petits Pois.

Fricassee of Chicken, aux Champignons.

Rice Croquettes, Lemon Flavor.

Shrimp Salad.

Pate de Foie Gras.

Mayonnaise of Chicken.

Snow Pudding, Brandy Sauce.

Charlotte Russe.

Confectionery.

Assorted Cake.

Chocolate Eclairs.

Oranges.

Bananas.

Nuts.

Raisins.

Strawberries with Cream.

Vanilla Ice Cream.

Lemon Sherbet.

Biscuit.

Cheese.

Coffee.

The occasion was marked by as much hilarity as might be expected from the limpid liquid which was administered to the thirsty souls thereat assembled. Some of this water got into the speeches, which partook much of the same nature as the refreshments. The Reverend Dr. Edwards said grace, imploring the Lord to grant wisdom to those assembled. After which Dr. H. A. Johnson, in a brief felicitous speech, alluded to the relation between good dinners and good speeches, and the tendency of the latter to lose their strength like champagne when too long exposed to the air. The latter reference was purely ex parte. Dr. Johnson then called on Dr. G. Wheeler Jones to respond to the first toast.

Our Annual Reunion.

"They have measured many a mile,
To tread a measure with you on the
grass."

In response to which Dr. G. Wheeler Jones made the next speech.

The toast "The Press" was responded to by the Hon. Wm. K. Sullivan, who alluded in a pleasant way to the homœopathic dose which would be given to an allopathic audience on the subject of "the Press." This was rendered possible by the fact that the press appeals to the public in some one way several times each day. He also felt honored because the Comm ttee of Arrangements had placed the press almost at the

top of the list, whereas it is generally found at the bottom.

The speaker congratulated the profession, saying that it is a fact well known that there are no medical men better known than those of Chicago. People come from all parts of the country to consult them. He also alluded to the work which the press had to do for the profession, in giving notices of the college commencements and the list of graduates. When they are married the press write them up, and when they kill a distinguished citizen, it gives them a chance to write a first-class obituary. And at last, when the physician dies, for he sometimes does, we once again have a chance to fill the columns of our daily papers. Mr. Sullivan then spoke of the amount of good done by the press in exposing and suppressing the quack, and concluded by saying that the work done by the press for the medical profession was something to be not lightly thought of.

The next toast was "Chicago." Dr. Johnson, in introducing Mayor Harrison to respond, said Chicago is a modest city, and all her people are modest. But one man could in any way speak in adequate terms of this, the gem of all the cities of the world.

Mayor Harrison, in responding, said that he was not quite so modest as a Chicago man ought to be, and yet he was brave. He confessed some little alarm at trusting himself among so many doctors, when he looked over the vast assemblage, and thought of the wisdom and skill, and also the power to kill, of the audience before him. He was of the opinion that enough physicians were present to kill all Chicago without touching the water. "We have," he said, "in Chicago eight hundred physicians, and they are all prosperous, and yet, in spite of this, we have the healthiest city in the world." His honor had great reverence for the medical profession, and also great fear of them, for when he came into the world he began to cry because a doctor touched him, and expected to go out of it with a doctor's hand on his pulse. He was of the opinion that the press made the doctors prosperous, for they "write up" every case of diphtheria or small pox, and the people are immediately scared to death and send for the physician. After several references to the subject of Chicago and its enterprise, the speaker closed by saying that in Chicago, physicians always have an infallible staff to lean upon for diagnosis, namely, "the

water." The water accounts for everything in the eyes of the Chicago physician, and to it are all diseases referred.

Next in order was the toast, "The Profession; We live by it, and we die by it;" responded by Dr. E. P. Cook, of Mendota, in a peculiarly pleasing manner. It was so full of "very palpable hits" that no abstract would do it justice.

After music by the orchestra, Dr. Chas. T. Parkes responded to the sentiment "Medical Ducks that don't Quack." In commencing, the Doctor confessed to not being well up in the anatomy of the Duck. It is, however, as natural for ducks to quack as it is to nibble grass or lay eggs, and most of their quacking is simply for amusement, and he was not sure but what it is a harmless amusement. He spoke of the several ways in which the sentiment might be construed, and ended with the expression that if the present condition of affairs were to continue, it would require fifty years to acquire a preparatory education, and fifty more in learning the profession. What every young man wants is a chance to study without any third or fourth term humbuggery, but with good teachers and plenty of enthusiasm.

The next toast, "Unanimity in Medicine," was responded to by Dr. D. R. Brower, who congratulated the society upon the good feeling which had characterized this meeting, also upon the general fraternity feeling among the profession generally. After several other equally important remarks, the speaker sat down.

"The Brother Professions" was responded to by Hon. James L. High, representing the legal profession, and proved to be one of the best sentiments of the evening. The speaker alluded to the nearness of the two professions, and pleaded for a higher education of all who shall apply for admittance to any of the professions.

Rev. Dr. Edwards responded in a neat speech in behalf of the clergy and put himself on record as regards "pathies."

The last, and, we were about to say, the best speech of the evening was the response of Dr. N. S. Davis to the sentiment "Good Night" which was an earnest and eloquent appeal for more practical and more strictly scientific work on the part of the Society.

The Banquet was in most gastronomical respects a success, and much credit is due Messrs. J. B. Drake & Co. for the cordial manner in which they received and entertained their guests.

CORRESPONDENCE.

ENFORCEMENT OF MEDICAL PRACTICE ACT. HEALTH COMMISSIONER. MEDICO-LEGAL MATTERS.

NEW YORK, May 15, 1881.

The first attempt at enforcement of the New York Medical Practice Act was made by the arrest of "Dr." A. E. Cox, on the affidavit of Dr. A. E. M. Purdy, president of the New York County Medical Society, for perjury. The defendant admitted having no diploma, but claimed that he had bribed some officials in the New York County Clerk's office, to register him. He claimed to have graduated at Castleton, Vermont, which claim was disposed of by an affidavit to the contrary from the dean of that extinct college.

An amusing episode occurred in connection with the recent nomination by the Mayor of New York, of a candidate for the position of Health Commissioner, made vacant by the expiration of the term of office of Dr. Janeway. It was stated in the daily papers, that a Professor in a Stock Medical College, who by the way, had been hissed out of the lecture room, and regarding whom the students had petitioned the faculty for his removal, was to be proposed for the position, with the expectation that the Board of Alderman would defeat the appointment. The anticipated reason was, that it was generally known that the Joint Stock Medical College Professor spent the summer at Saratoga, and the winter in Florida, to recover from the prostrating effects of his activity during the balance of the year. That a man could even be thought of in connection with such a position who was absent from the city the greater part of the year, is sufficiently remarkable. And this seems to have been recognized, for his name was not submitted, a life insurance examiner being proposed instead, and there the matter stands. On the ground of civil service reform, the Mayor had been urged to nominate Dr. Nagle, a tried and capable official of the Board of Health, but the filthiest political considerations prevailed against this, as in most similar matters in the political sphere of the great metropolis.

An increasing interest is manifested in courts of law with reference to spinal affections. An addition to the litigation arising out of railway injuries to the spine, and from injury inflicted by human violence, as illustrated in the Deputy-Hazzard

case, diffuse cerebro-spinal sclerosis, now has entered the medico-forensic field. In the case of Higgins versus Higgins, where the plaintiff desires to have certain grants of money set aside on the ground of undue influence, Dr. Spitzka was called, and testified that the power of certain patients to resist undue influence was greatly weakened by this disease, and especially did this apply to the case of the plaintiff, with whom there were pronounced mental and physical symptoms of cerebral involvement. The outlines of the case are as follows:--The suit was brought by George Higgins against his wife Hannah, for an accounting and other relief. When Mr. Higgins married the defendant she was a widow, with two daughters by her former husband. He testified yesterday that for twenty-three years he was employed by A. T. Stewart, earning much of the time a large salary, which he turned over to his wife for investment on his behalf, his duties being so engrossing that he could not attend to the matter himself, and she, he said, invested a part of the money he gave her in real estate in her own name, and some in the names of her two daughters and grandson. When he left A. T. Stewart & Co., by reason of cerebro-spinal sclerosis, his wife refused, he testified, to allow him to live with her, or to provide him with money, and sent him to Bellevue Hospital, first taking from him his diamond jewelry, gold watch, and other valuables. Then she procured his incarceration in the Middletown Lunatic Asylum on the plea that he was insane. He remained there six months, and then she sent him to Chicago, paying his fare, and giving him a little money. She advised him, he said, to take laudanum and end his troubles, observing that there was no hereafter, and that she would get the amount of the insurance on his life. He was in so weak a state, bodily and mentally, that her domination over him was so complete that he was at first tempted to do as she bade him. She always exercised absolute control over him, he asserted, so that her frown made him tremble. He asks that the real estate purchased with his money may be declared to belong to him. The case is still on trial. Mrs. Higgins denies the material allegations of her husband.

K

DR. ABRAHAM WALLACE has been elected Professor of Midwifery in Andersons College, Glasgow, Scotland.

REVIEWS.

A MEDICO-LEGAL TREATISE ON MALPRACTICE,—Medical Evidence and Insanity. J. J. Elwell, member of the Cleveland bar, one of the editors of the new edition of Bouvier's Law Dictionary, Professor in Ohio State and Union Law College, and Western Reserve Medical College. Baker, Voorhis & Co., New York, 1881.

While this work cannot be compared with Taylor, Wharton and Stillé, Caspar, or any of the better known text-books on forensic medicine, it will still subserve a useful purpose in dealing rather concisely with topics of value to the practitioner. The sections on malpractice and medical evidence are well-written and valuable. Those on insanity are very imperfect, and calculated to give very erroneous ideas. The author has fallen under the influence of the Utica school of alienists, and the quality of his psychiatry is therefore easily judged. To him who cannot procure any of the works already mentioned, this work may prove valuable. The book is well bound in calf and fairly printed.

HOW WE FED THE BABY, to make her healthy and happy; with health hints. By C. E. Page, M. D. 144 pages. Paper, 50 cents; cloth, 75 cents. Fowler & Wells, 753 Broadway, New York; Jansen, McClurg & Co., Chicago.

This rather verbose pamphlet contains a little valuable information regarding infantile hygiene. It is likely to be of value to many stupid mothers, but these are just the ones who will not read it. The book should be subjected to considerable condensation.

M. PEYRAUD states in *La Revue Médicale*, that the application of caustics to the skin of a person supposed to be dead, is a practical method of determining whether or not he be really dead. If the subject is dead, the eschar will be yellow and transparent, or altogether absent; if living, the eschar will be black, or reddish brown.

STATE MEDICAL SOCIETY.—The remainder of the proceedings of the State Society will appear in the June 5 number of the Review. Subscription price, \$2.00 per annum, for which the Review will be sent from now up to July, 1882.

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CHICAGO.

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THE BUSY PRACTITIONER.—There is a mysterious personage who makes his appearance in the review columns of the medical journals, who does not have time to read anything, and for whose special accommodation works are prepared of great brevity and conciseness, in which everything of importance is omitted. He is a very valuable creature to the reviewer, for he enables that impartial personage to "damn with faint praise" some work which the latter does not feel justified in commending. After a particularly severe review usually appears the redeeming sentence, "it is likely to be of value to the busy practitioner." The "busy practitioner" usually reads all sorts of trash, and to his notice is usually commended some book which the reviewer has been prevented from reading by the reputation of the author, or has felt too lazy to peruse. He must be a much enduring creature, this busy practitioner, as his notice is frequently called to a book as particularly suitable for him, whose author has been all but called an idiot by the reviewer. It is unfortunate, however, that this personage is but seldom met with. The busy practitioner generally encountered has his wide

circle of journals to peruse, and usually finds time to peruse the most extended text books. "The busy practitioner" of the reviewer is, however, a very useful creature, and if he does not exist, ought to, as he appears indispensable to the reviewer.

PARLIAMENTARY LAW.—The varied opinions displayed on this subject toward the end of yesterday's meeting would have astonished the ghost of Cushing.

THE PRESIDENT'S ADDRESS.—A carping critic might object to this as being too flowery, and more fitted for a sophomore declamation at a sectarian village academy than the meeting of the State Society; but cynics are always present on such great occasions as the present.

PROMINENT PHYSICIANS.—Among the prominent physicians now at the State Medical Society may be mentioned Drs. E. P. Cook of Mendota, Wm. A. Byrd of Quincy, J. S. Whitmire of Metamora, John McLean of Duquoin, John H. Rauch of Springfield, Wm. M. Chambers of Charleston, A. T. Darrah of Tolono, G. W. Nesbitt of Sycamore, and Sheppard and S. L. Munro of Michigan.

*PROCEEDINGS OF THE ILLINOIS
STATE MEDICAL SOCIETY.*

FIRST DAY.

The Illinois State Medical Society held its thirty-first annual meeting May 17, 1881, in the Methodist Church block, corner Clark and Washington Streets, a large attendance of delegates was present. The meeting was called to order by the President, Dr. George Wheeler Jones of Danville, after which the Rev. John Williamson opened the meeting by a short prayer, after which, on motion of Dr. J. Nevins Hyde, the ex-presidents of the Society, as also Dr. Sheppard of the Michigan State Medical Society, were invited to seats on the platform. Letters of regret at inability to be present were then read from Dr. S. B. Buck of Springfield, and others. A communication from Dr. S. L. Kerr, of El Paso, resigning membership of the society, was read but not acted on. Dr. Sheppard of Michigan, and Dr. S. L. Monroe of the same state, were then made members by invitation. Several communications were then read by the secretary. After which the minutes were, on motion adopted without being read. The report of committee on abuses and uses of alcohol was called for, the chairman of the committee not being present, whereupon the whole matter was, on motion, referred to the committee on nominations, when appointed. A communication from the Adams County Society, requesting the State Medical Society to make Quincy the place of its next meeting, and offering the hospitality of the society, was then read, and, on motion, referred to the committee on nominations, when appointed. The list of accredited members was then read.

N. S. Reed,	A. C. Carr,
Wm. O. Ensign,	Ellen A. Ingersoll,
J. D. Whitney,	O. Dumesnil,
N. S. Marshall,	L. C. Waters,
C. Goodbroke,	C. Barlow,
F. R. Pinter,	F. B. Haller,
Chas. R. Park,	A. G. Meserve,
C. C. Allen,	T. J. Maxwell,
J. T. Stewart,	D. E. Toole,

Wm. A. Byrd,	J. Little,
K. E. Rich,	I. F. Hurst,
J. M. Cowan,	M. D. Hall,
W. S. Thorp,	J. H. Rauch,
Jas. P. Walters,	O. C. Rankin,
A. K. VanHorne,	W. S. Read,
I. W. Fink,	W. O. Ensign,
T. D. Washburn,	J. D. Whillely,
Jas. Robbins,	A. H. Foster,
J. S. Whitmire,	E. W. Lee,
J. F. Durant,	J. H. Hollister,
J. H. Maxwell,	H. Webster Jones,
D. W. Owens,	R. G. Bogue,
F. L. Mathews,	R. N. Isham,
John McLean,	J. H. Walton,
W. W. Baxter,	S. J. Jones,
Geo. H. Tebo,	T. P. Seeley,
Wm. Cox,	O. W. Moore,
S. C. Plummer,	J. N. Rauch,
C. T. Reber,	W. H. McMann,
John Wright,	J. P. Mathews,
A. M. Sargent,	T. H. Johnson,
L. J. Schiffestein,	J. M. Everett,
J. L. Hallam,	J. W. Dora,
A. I. Maclay,	J. S. Jink,
W. R. Nash,	Wm. Chambers,
W. C. Mendenhall,	A. T. Darrah,
L. H. Baker,	W. T. Kirk,
J. P. Johnson,	J. L. Kitchen,
Wm. Hill,	G. W. Nesbitt,
J. B. Davison,	R. M. Chapman,
S. D. Culbertson,	W. M. Kaul,
A. C. Hunt,	J. M. Hall,
J. E. Bennet,	J. H. Allin,
Catherine Slater,	De Laskie Miller,
J. H. Mesher,	C. T. Parkes,
G. L. Corcoran,	D. W. Graham,
M. W. Walton,	J. E. Owens,
A. T. Barnes,	C. Hamill,
Lee Smith,	J. E. Walton,
M. Hurst,	J. N. Hyde,
E. P. Cook,	P. S. Hayes,
F. C. Schaefer,	J. S. Jones,
E. W. Jenks,	E. Ingals,
H. P. Newman,	E. F. Ingals,
J. H. Freeman,	R. Park,
J. N. Moss,	W. T. Montgomery,
J. S. Davis,	Emma F. Gaston,

After which Dr. Roswell Park, for the Committee of Arrangements, made a report, in which he extended, as chairman of the Committee of Arrangements, a most cordial welcome on behalf of the medical profession of Chicago, and feelingly alluded to the changes which had occurred since he stood in the same place four years ago, to offer a similar address of welcome; and

then alluded to the prosperous financial condition of the country and its effects on the prosperity of the medical profession, as measured by the circulation of medical periodicals and the purchase of medical books and surgical instruments. He alluded to the contrast between the welcome grudgingly offered to the guests at Pompeii, and contrasted it with the glowing welcome he had to offer from Chicago. The Committee of Arrangements were authorized to state that the various hospitals, charitable institutions, and also the library of the Medical Press Association were open to the delegates; that the medical profession of Chicago invited the delegates to attend a banquet at the Grand Pacific Hotel, to-morrow evening, Wednesday, May 19, at seven o'clock. Tickets of admission could be obtained from the Treasurer of the committee, on presentation to him of the railroad certificate issued by the Secretary, which would also enable the holder to return at one-third the rate paid. The Committee then announced the following bulletin:

PROGRAMME.

TUESDAY AFTERNOON.

Report of the Committee on Practice of Medicine. Chairman, Dr. E. P. Cook, Mendota.

Report of Committee on Surgery. Chairman, Dr. Charles T. Parkes, Chicago.

Report of Committee on Obstetrics. Chairman, Dr. H. Webster Jones, Chicago.

Report of Committee on Gynæcology. Chairman, Dr. J. W. Dora, Mattoon.

Report of Committee on Ophthalmology. Chairman, Dr. F. C. Hotz, Chicago.

WEDNESDAY MORNING.

Report of Committee on Dermatology, Dr. W. J. Maynard, Chicago.

Report of Committee on Laryngeal Tumors, Dr. E. F. Ingals, Chicago.

Report of Committee on Abnormal Thermal Conditions in Diseases and the Means of Controlling them. Dr. J. H. Hollister, Chicago.

Paper on Intra-Capsular Fractures. Dr. Maxwell.

Paper on the Present Status of Specialism in Medicine. Dr. A. Reeves Jackson, Chicago.

WEDNESDAY AFTERNOON.

Paper on Fracture Apparatus, Dr. Whitmire.

Paper on the Prevailing Epidemic of Rotheln, Dr. Charles Warrington Earle, Chicago.

Report of One Hundred Cases of Rotheln. Dr. Roswell Park, Chicago.

Paper on the Legal Relations of Practical Medicine. Dr. McClelland.

Paper on Infectiousness of Tuberculosis. Dr. H. Gradle, Chicago.

Report of Committee on Vital Statistics.

THURSDAY MORNING.

Report of Committee on Necrology. Chairman, Dr. T. F. Worrell, Bloomington.

Paper on Chian Turpentine. Dr. Edmund Andrews, Chicago.

Paper on the Removal of Hair by Electrolysis. Dr. Plym. S. Hayes, Chicago.

Paper on Irregular Uterine Contractions in Labor. Dr. Schneck.

Paper on the Surgical Anatomy of the Sheaths of the Palmar Tendons. Dr. Roswell Park, Chicago.

THURSDAY AFTERNOON.

Papers by Drs. Christian Fenger and E. W. Lee, Chicago.

Opening and Drainage of Lung Cavities. Supra-Malleolar Osteotomy, with Cases. Traumatic Aneurisms of the Neck.

Opening of Joint-Cavities, with Cases.

Excision of Tuberculous Joints, with Cases.

PRESIDENT'S ADDRESS.

Dr. George Wheeler Jones of Danville then delivered the president's address, in which he alluded to the honor that had been conferred upon him, to the indifference which existed in the southern part of the state to matters of a professional character, more especially with regard to the State Medical Society. In response to his efforts, however, a relatively large proportion of

representatives were present from all parts of the state. He had had many complaints about the supineness of the State Board of Health, in carrying out the medical practice act, some of the instances were aggravating to a medical man of a combative tone of mind, but he was sure the Board were doing all in their power to carry out the law, but no law could be enforced in this country unless by aid of those who are but little disposed to aid it, as this was especially the age of "bossism." He claimed, however the prospect was good if all selfish ends were laid aside. The legislature had greatly ignored its duties as regards medical matters but despite the tendency to be disheartened he would have them remember that the inspired volume said that as their trials were, their strength should be. He advised that a committee on medical legislation be appointed, and then alluded to the evil influence that long training in half truths had on the mind, engendering a species of faith mischievous in the extreme in its vast capacity for evil, a faith having its origin in an emotional disturbance of coordination in the various processes which make up the sum total of organized life; a form of faith which is the foundation of all the varied forms of false beliefs, from the dogma of *similia similibus curantur*, enunciated in all confidence by Satan to the first of women, down through the accumulation of years, until to-day, when the most debasing materialism crops out in the ingestion of small-pox vesicles for variola, or the juice of the *cimex lenticularis* for the itch, when the "snapping" doctor glories in enormous fees, when the "spiritual séance," the fanatical revels of so-called religious revivals Franco-American commission, and a score of other frauds and follies number their devotees by the hundreds and thousands. But these things captivate mostly the abnormally developed, are small things compared with the train of influences which is slowly but surely gathering the better formed and stronger grown with an atmos-

phere of helpless ignorance, of superstitious fear, of abiding reliance upon tradition and fatality, through which the strong light and genial warmth of sound reason has obtained but faint success in the dissipation of noxious vapors over mortal darkness. The address pointed out how the physician, by carrying out a gradual system of education, could elevate his successors, and through them, the people. The address concluded by expressing a hope "that many an annual session will find us all in our places in this society, as true laborers in humanity's cause, in each other's behalf, in the unfolding of all truth, and that in the long hereafter I shall meet you every one in the realms of unclouded light, of unending life, where, at the last, when the Great Necrologist shall call the roll of earth's departed, one by one our names shall be found transferred to the books of the "Society of the Redeemed," whose watchword is "the Son of Man," and whose chant of welcome rings for evermore in the antiphone of an eternity of peace. "Blessed is the man that provided for the needy and the sick, in the time of trouble shall the Lord deliver him."

On motion of Dr. Ingals, it was resolved that the President be thanked for this address, and that the same be printed in the Transactions.

AFTERNOON.

The Association was called to order by the President at half past two o'clock in the afternoon. He announced that the Secretary of the Illinois State Board of Health would furnish members with the register issued by the Board and that they could be obtained by applying to the permanent Secretary, Dr. S. J. Jones.

The Secretary, at the request of the President, read the by-law regarding the time which might be occupied by each speaker in debating the subjects which should come up.

Dr. Cook read the report of the permanent Committee on Practical Medicine. The doctor stated that the report was largely con-

fined to epidemics which had prevailed in the State during the year. The Committee had aimed by correspondence, to obtain the necessary facts, but had doubtless but imperfectly gathered the facts. The State extends three hundred and seventy miles north and south, is two hundred and twenty miles wide, and has over three millions of people. It is impossible therefore to gather statistics in a satisfactory manner, from so great a number of people and covering so large an area. The Illinois Medical Association should perfect arrangements for gathering the statistics better. The Committee addressed letters to about one hundred and thirty physicians. Their replies, no doubt, fairly represent the intelligence and opinions of the best members of the medical profession. Replies were received from physicians in thirty-four counties. The year has been a remarkable one, particularly the last six months. There was nothing remarkable from May first to October first. Malarial diseases were prevalent in some quarters. The winter has been exceptionally cold, and has been marked by diseases of a zymotic inflammatory character. The southern portion of the State has been comparatively exempt from epidemics during the winter. In the middle part of the State the epidemics have been severe. Rubeola has prevailed in all parts. Scarlatina has prevailed widely; diphtheria in the north. Cerebro-spinal meningitis has also prevailed. Variola has been much more prevalent than usual, and has been more than usually virulent. Pneumonia has prevailed widely; so has dysentery. Phlegmonous erysipelas has resulted in more than usual fatality. Pertussis has also prevailed. In Chicago and several other large cities, winter cholera, a new disease, has prevailed to a large extent. It is supposed that cold is the cause; but that does not appear to be the case. The disease does not exist except where population is dense. It is possible that this disease may be the precursor of

more fatal bowel diseases. Several cases of trichinosis have been reported, and the subject of parasitic diseases has assumed new importance. The subject of Chicago sewerage has attracted attention. It is certain that the present method of disposing of Chicago sewage must be abandoned. On the subject of diphtheria, what Dr. J. S. Whitmire, of Woodford County, has written, was read at length. Dr. Whitmire presented a detailed statement of the symptoms. The first victim was buried from a church. The coffin was opened and many persons looked at the corpse. From this single case the disease spread rapidly among the people. What is the cause of the disease is not known. It is certainly a blood poison. Dr. Whitmire attributed the probable cause of the disease to decomposition of vegetable matter in the cellars of the people. In regard to treatment, Dr. Whitmire first gave castor oil, and whiskey if the depression was great. The steam atomizer was employed, lime water and carbolic acid. For internal use, chlorate of potash, sulphate of quinine, and fluid extract of liquorice were used. Digitalis was employed where the heart's activity lacked force. The best food was buttermilk. No fatal case occurred in any person over eighteen years of age. Alcohol was used freely and found to be of great benefit. Dr. J. Romaine J. Curtis, of Joliet, attributed the cause of the disease there to the Chicago sewerage. The odor of the canal is simply overpowering. The doctor argued quite at length to show that the cause was sewerage. The doctor could not say that it was contagious. There was much difficulty in separating this disease from membranous croup.

Drs. C. S. Smith, of Iroquois County, and M. A. McClellan, of Knox County, reported epidemics of the same disease. The cold winter, bad ventilation, bad water, etc., were the causes of the disease.

Dr. Wright, of Clinton, reported an epidemic of dysentery last June. The epi-

demic was confined to a space of four miles in length and one in width. There was no apparent reason why it should be so confined. The treatment was sulphate of magnesia, Rochelle salts and castor oil, with a nourishing diet, morphine for the mouth and opium for the rectum. Quinine was not used with success. It seemed to increase vomiting. Alcohol as a stimulant was freely used.

An epidemic of cerebro-spinal meningitis was reported from Ottawa. The mortality was from sixty to seventy per cent. Dr. Lyburn reported a post-mortem of a case of cerebro-spinal meningitis. The sinuses of the brain were gorged with blood. The meninges were red. It appeared that congestion rather than inflammation had prevailed. The brain being removed, the lower ventricles were distended by serous fluid, with pus. A paper was also presented on the Uses and Abuses of Alcohol. Replies were received from thirty physicians, which were not of any great scientific value.

The report was referred to the Committee on Publication.

The Permanent Secretary requested the members to procure their tickets for the banquet.

Letters were read from several absentees, and physicians invited to be present at this meeting: Dr. J. T. Curtis, of Otterville Illinois, and Dr. Hendricks Beech, of Carthage, Illinois, among others.

The Secretary also announced that the second volume of the Transactions of the State Board of Health, was almost ready for publication, and that it was desired that the physicians of the state should look it over, and report as early as possible any errors which it might contain. Dr. Hyde, from the Committee of Arrangements, reported that members must procure their certificates to obtain reduced rates for return on the railroads.

Dr. Charles T. Parkes, of Chicago, Chairman of the Committee on Surgery, read the report of that committee. The report

covered a synopsis of published items. The subject was one of great interest. The antiseptic treatment in surgery has become very generally adopted by the younger members of the profession. Its use has been very successful. Surgeons in England and Germany have discarded the spray, adopting a carbolic wash in its place. All the best surgeons have adopted the following schedule of treatment: 1. Free drainage; 2. Close occlusion; 3. Perfect rest.

In drainage, rubber tubes have been employed, but have not always operated well. Capillary drainage is accomplished by strands of horse hair or of silk. Dr. Parkes preferred the latter. Bone tubes were also used. These were decalcified until soft. The process of decalcification was described. The bones of birds had been used also. Ligatures and torsion have been used for preventing hæmorrhage. The method was described.

After hæmorrhage is arrested, the best material to be used for sutures is silk-worm gut. It is not as stiff as wire, and less irritating. It causes no discomfort. Dr. Parkes exhibited a specimen. Catgut is readily absorbed, which renders it unfit for use, although it has been so prepared as not to be absorbed, by Dr. McEwen of London. Rest is obtained by attention to many details. The parts must not be too frequently dressed, and fermentation must be prevented by antiseptics. Dr. Parkes commented on Professor Lister's method of antiseptic treatment. An Aberdeen doctor has discovered micrococci organisms in connection with inflammation, diminishing as inflammation decreases, increasing as it grows. The doctor described at considerable length, the treatment of varicosæ, and described Dr. R. G. Bogue's plan of treatment. Dr. Parkes described two cases of complete division of nerve trunks successfully treated by himself. The stretching of the great sciatic nerve has been successfully undertaken as well as the stretching of other nerves.

Several cases are reported from Paris, without detailed explanation. The subject has attracted wide attention among surgeons. Persistent neuralgia has been cured by stretching the facial nerve. Tetanus has also been immediately cured by nerve stretching. A case of the cure of sciatica by stretching was reported. Dr. Parkes detailed some experiments to test the tensile strength of nerve trunks. The tension was made under, transverse and parallel to the nerve fibres. The unit used was water, whose weight was gradually increased. The median nerve ruptured at various degrees of tension, ranging from fifty-seven and three-fourths to sixty-four and a half pounds. The radial nerve ruptured at twenty and a fourth, eighteen and a fourth, and nineteen pounds. The experiments are surprising as showing the great force required to rupture nerves.

A report of Dr. David S. Booth, of Sparta, on Fracture of the Tibia, involving the ankle joint, was read. The tibia was fractured about two inches above the ankle joint. The parts were cleansed by carbolyzed water, sutures introduced, and splints applied. The laceration of skin healed rapidly, but after weeks of apparently successful healing, the foot would become everted on the removal of the splints. There was only a single union of the skin, no ankylosis. The patient was then turned loose, but the foot never healed fully. The foot never became of any use, and was rather an obstacle to walking. The question is, was the treatment correct, or should the foot have been removed. The report was heard with great pleasure, and referred to the Committee on Publication.

On motion of a member of the Committee of Arrangements, Dr. E. S. Fuller, of Springfield, Dr. R. W. Corwin, of Colorado, and Dr. C. A. Palmer, of Princeton, were elected members by invitation.

Dr. W. A. Byrd presented an account of his method of curing neuralgia by stretching the facial nerve, and also of practicing tracheotomy in cases of œdema of the glottis.

On motion, the report of the Committee on Surgery was referred to the Committee on Publication.

Dr. H. Webster Jones, Chairman of the Committee on Obstetrics, read the report of that committee.

The report proceeded in detail to describe the duty of the physicians in all ordinary cases of parturition. The report closed by several suggestions, among them the following:

First, an intelligent confidence once thoroughly established between patient and physician does much to banish the terrors of the lying-in room.

Second, it is possible to foresee and prevent the occurrence of the almost fatal form of eclampsia gravidarium.

Third, cleanliness is especially next to godliness in the case of the accoucheur; its absence renders one liable to professional homicide.

Fourth, modern midwifery must not be meddling, but must be mediatorial in the sense of palliating suffering, expediting nature's processes by well proven means, and removing scientifically all inexplicable, accidental or morbid obstructive states and conditions. Idleness is no longer an approved qualification for a degree in obstetrics.

Fifth, the hand is the best uterine dilator.

Sixth, forceps should never be employed until the os uteri is dilated or dilatable, and then not unless the membranes have been ruptured and labor delayed unnaturally for at least an hour. Every practitioner should become skilful in their use. They should never be left at home for fear of temptation.

Seventh, unnecessary and avoidable delays in labor are fruitful sources of gynecological practice. They promote inflammation and sepsis.

Eighth, the patient's hopeful confidence, and the physician's industrious attention, actually contribute to the physiological ele-

ment in labor. Anæsthetics here, are, to say the least, superfluous.

Ninth, bimanual aid in effecting the deliverance of the placenta, is not only proper but advisable. Skilfully rendered, the cry "uterine inversion" becomes a bugbear.

Tenth, continuous and intelligent counter, pressure over the fundus uteri during the child's exit, the delivery of the placenta and the period of frequent oscillation, be that a shorter or longer time, is a safeguard never to be neglected.

Eleventh, pursuant to the same end, the application of the bandage and its continuance as long as the uterine globe can be felt and embraced by it above the pubis, contributes not only to comfort, but to speedy involution, after the seventh week, is liable to abuse.

Twelfth, puffiness of one ankle, with tenderness of the corresponding groin, and an abnormally quickened pulse, with or without copious sweating, noticed within the first ten days after labor, betoken the presence of phlebitis, and the possibility of embolism or thrombus, and resultant sudden death.

Thirteenth, the duties of an obstetrician are not concluded until a careful examination, from six to eight weeks after parturition, proves the integrity of all the organs concerned.

Dr. J. W. Dolan, chairman of the Committee on Gynæcology, read the report of the committee. The report proceeded to give a description of the chief devices and methods employed in alleviating pain, by gynæcologists. The report referred to the difficulty of demonstration, on account of unscientific modesty, and consequently, a slow progress of the science of gynæcology. The report stated that there was a sort of mania for gynæcological surgery, slitting and stitching the cervix uteri, and related a case which illustrated the statement. The doctor then stated his own method of producing a dilatation of the cervix uteri, by a partial incision, and then using the cervical dilator. The report

concluded by recommending the use of anæsthesia in gynæcological operations.

Many motions were here made, most of which were ruled out of order.

Dr. Ellen Ingersoll read a supplementary report on "Dysmenorrhœa; etiology and treatment, and relations to uterine flexions." She drew a distinction between flexure of the body and the cervix uteri, and claimed that derangements of the hepatic function were brought into relation with the uterus, and as cholesterin, the débris of the nervous system was eliminated, she used, therefore, mercurials; also generalized and local electricity; and concluded by several valuable hygienic suggestions.

It was moved and seconded that the paper be received.

Both papers were then referred to the Committee on Publication.

Dr. Hotz then advocated the deferring of the ophthalmological report till the next day, and moved that the report be the first thing in order next day, which was seconded and carried.

The meeting then adjourned until nine o'clock Wednesday morning.

THE Louisville Medical News solves the prescription problem in the following catechetical manner: Who owns the prescription? The purchaser. Who is its custodian? The apothecary.

THE lower house of the Massachusetts legislature have rejected, by a vote of ninety-six to eighty-eight, the bill to prevent incompetent persons from practicing as apothecaries.

THE Illinois Training School for Nurses has had charge, since May 1, of two wards in Cook County Hospital; Ward A on the surgical, and Ward B on the medical side.

DR. S. J. JONES, of Chicago, gave a very pleasant little entertainment to some members of the State Society, at the Chicago Club, last evening.

ATTENDANCE.—The attendance on this meeting has certainly been gratifying.

Chicago Medical Review

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E. C. DUDLEY, EDITOR.

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THE AMERICAN MEDICAL ASSOCIATION.
—This body seems determined to preserve the reputation it has had for gadding about. In place of adopting means to secure for itself a permanent place of abode, it has resolved to wander from Richmond, Virginia, to St. Paul, Minnesota. It must be confessed, however, that in choosing this last locality, the Association has shown more sense of its needs than was to be expected. The influence of St. Paul cannot but be beneficial to the Association, morally to its tone, physically to the individual members. St. Paul cannot fail to have an excellent effect on the moral tone of the Association, because there and there only, can a four-year, high grade medical college be found in successful operation. The influence therefore of this sturdy devotion to the best interests of the profession cannot fail to have some slight effect for good on a body which, while possessing great power, has never made any sincere effort to use it for the advancement of medical education. But although the place chosen is making the very best of a bad system, still the Association is no nearer accomplishing the object for which it was founded, than it was a year ago. Vagabondizing has a deteriorating effect on man individually, and cannot fail to have a similar effect on a body of men. The Association meetings have

been for years chiefly the gathering place of advertisers, and this evil seems in a fair way to be perpetual. The pretense of establishing a journal was a very slim one at best and became more slim when what was practically the enacting clause, that relating to the appointment and salary of an editor, was stricken out of the resolution. The Association has been for years in the hands of a few men who have run it in the same rut year after year, until it has almost become a disgrace to American Medicine. Until this erratic body chooses and keeps a settled abode it will continue to be run by a ring, as it is at present, for none except those thus interested can afford to attend a medical meeting, which in interest sinks far below the most mediocre local medical society. In conclusion the Review cannot but congratulate the Association on selecting St. Paul, but it is to be regretted that St. Paul cannot be congratulated on the presence of the Association.

AMERICAN DISCOVERIES, EUROPEAN ACKNOWLEDGEMENT.—The United States is admittedly behind the European countries in its utilization of clinical material for the advancement of medical science. If a physician desires to study clinically any branch of science, he can scarcely do this well, short of a voyage across the Atlantic.

Yet a few discoveries are made on this side of the ocean, but do they find acknowledgment on the other? Rarely, except the discoverer be the friend of some second or third-rate docent at a German or French medical college. It must be confessed that the French, and especially the English, deal much fairer with the results of American medical advance than do the Germans. Whether this results from the peculiar "Deutschthum" engendered by the Franco-Prussian difficulty, or from the same ignorance of outside peoples that causes some of their geographical journals to report the Sioux Indians in New Jersey as massacring the inhabitants, it is difficult to say, but with the exception of some second-rate papers, the product of some friend of a German docent, no American medical literature, especially if it be of the first class, is ever admitted to the columns of the German journals. And this is peculiarly the case if the writer be of Teutonic extraction. It cannot be said that the editors of these *Archivs, Jahrbüchers, etc.*, do not read American journals, for let an American make a claim for priority, and a hornet's nest of Teutons soon buzzes about his ears. This is strongly illustrated by an occurrence connected with the *Journal of Nervous and Mental Disease*. One of its contributors enunciated a view concerning the pathology of insanity, original with him as early as 1875, re-enunciated this view in an essay obtaining a prize from the English Medico-Psychological Association, but no notice was taken of it until he boldly claimed the priority over a German, when the whole truth became manifest that his discovery had been read in Germany but not transferred to the columns of the German journals. The American discoverer is of Teutonic extraction, which renders the course of the German journals still more inexplicable. The same thing is illustrated by the researches of Fuhbringer, who is groping along on the subject of mercury in the same direction fully covered by researches on the same subject which have already

appeared in the columns of the *Review*.

More independence should be shown on this side of the water, and less of the servile bowing to European opinion which has characterized a certain class of Americans who have studied abroad. He who respects himself will find others respect him, is none the less true when spoken of nations.

MEDICAL BORES are a species of animal much neglected by the zoologists. They are divisible into many species, but two or three of these only are very frequent. The first is usually a young man who having by some strange dispensation of providence hit at one time on an original idea in medicine, retails this on all imaginable occasions. For example, perhaps having at some time previously written a rather elaborate paper on trance, he brings this into relation with all sorts of subjects, from hay fever to insanity. The announcement of a discussion of some subject allied, in his opinion, to his favorite topic, brings him to the society armed with several quires of closely written foolscap, to render the lives of the members burdensome to them. The other species is usually an old gentleman who having been known as a bore all his life, has been appointed by the president of some medical society, in a strange fit of abstraction, chairman of a committee on school hygiene, whose report he inflicts on the society on all possible occasions. A member having unguardedly left the floor open to him during a debate, he rises, prefacing his remarks by the statement that he has but a few words to say, and then after a brief discussion of lithotomy, obstetrics and pædiatrics, winds up by reading his report on school hygiene as an illustration of some positions taken by him. These bores are the source of much apathy in the medical societies, and one of the great causes why more scientific work is not done in them. This evil is a crying one; there is one means of correcting it which is often employed in other associations but rarely in medical societies. Let the members insist on the strict enforcement of par-

liamentary law; let discussion be confined to a certain specified time; let the reading of papers under pretense of discussing a previous paper be prohibited, and these species of bores will soon cease to exist, at least as far as any hurtful influence on the society is concerned. If the medical societies are ever to benefit medical science it will be only when the medical bore is prevented from doing harm, by means of the strict enforcement of parliamentary law.

PHYSIOLOGY FOR FOOLS.—Under the above very apt caption the British Medical Journal, April 2, 1881, discusses some very absurd statements and actions of that clerical mountebank, the Reverend Joe Cook. In sight of a large audience in Scotland the reverend physiologist poured alcohol on the white of an egg and held up the result in a few minutes as a representation of the moderate drinker's brain. After a longer interval the hardened mass was exhibited as an illustration of a drunkard's brain. In defiance of all modern knowledge, the reverend gentleman stated that the ingestion of alcohol produced scars on the cerebrum of the living human being. Such antics and ignorance as this do the greatest injury to even the most just cause.

CEREBRAL LOCALIZATIONS RUN MAD.—Azam in a recent article on the intellectual manifestations produced by cerebral traumatism (*Archives Générales de Médecine*, February and March, 1881,) shows coarse materialistic tendencies that put even the pathologists of the Utica school to shame. The following hypothesis is emitted by him under the title of a conclusion: "In the same way as certain movements, special senses and articulate speech originate in certain points of the brain, I believe other more elevated emanations, from attention to memory, originate in a center not the less organic, and will be localized in some fashion. Thus, being given an individual who presents certain intellectual troubles, it will be permissible to deduce

from these troubles what point of the brain is particularly affected, and to where therapeutic efforts should be directed, as we judge from the nature of the secretions of the stomach and kidneys, the changes in them and the necessary remedies." Any one capable of writing thus of mind, ignoring the numerous factors that go to make up a single effort of intellection, cannot be called a psychologist. The Utica school of materialists can congratulate themselves on having a French confrère in Dr. Azam.

EARLY MATERNITY.—Few cases have been reported of maternity having occurred as early as in the famous case of Carus. Dr. Henry Dodd (*London Lancet*, April 5, 1881,) reports a case of a child who began to menstruate when twelve months old, and became pregnant at the age of eight years and ten months. Whether or not this precocity is not an atavistic tendency may be readily asked, as it occurs most frequently among the lower races. Dr. Henry Dodd's case is a well authenticated one, as he delivered the girl's mother of her, nine years and five months previous.

PILOCARPINE IN CEREBRAL AFFECTIONS.—Gille (*Gazette des Hôpitaux*, March 19, 1881,) has been experimenting with pilocarpine on patients attacked by cerebral affections, and finds that it causes a great increase in perspiration and sensibility on the paralyzed or anæsthetic side of the hemiplegic and hemianæsthetic. The sensibility so obtained gradually diminishes, but always remains greater than it was prior to the administration of the drug. Hemianæsthesia from lead-poisoning appears to yield about equally well to pilocarpine, as far as can be judged from a single case. These results seem to open up a new field of action for this rather potent remedy, and it is not unlikely that it may prove of value where the anæsthesia is due largely to disuse, but at the same time, the tendency which pilocarpine sometimes has to produce cardiac collapse, should be recollected.

PREVENTIVE VACCINATION IN INFECTIOUS DISEASES.—This important topic has been enriched in facts considerably since the last year, by various French researches on chicken cholera and charbon. There appears an article by P. Grawitz in Virchow's Archiv (Vol. 84, I.) on similar researches in an entirely different disorder. He experimented on the prevention of the acute mycosis caused by the intravenous injection of specially cultivated mould. The article is, in fact, a continuation of his former researches on this topic narrated in the Review (Sept. 5.) While it contains much valuable information, the author is evidently too confident in applying his results to other infectious diseases. The self-limitation of infectious diseases and subsequent immunity to them has been referred to various causes. One of the explanations, the antidote-theory, is based on the observation that bacteria of putrefaction produce various chemical substances, scatol, indol, phenol, etc., the accumulation of which finally puts an end to their life. But that this explanation should apply to the living body as the soil of germs, is unlikely, on account of the tissue-change and excretory power of the organism. In the case of the artificial mycosis experimented upon, Grawitz disproved it directly by injecting cultivating fluids from which the mould (penicilium) had been removed by filtration or destroyed by heat. The result was wholly negative as far as symptoms or immunity were concerned. But this disease itself, if not fatal, is really followed by immunity against subsequent inoculation. In the first article it was stated by Grawitz, that the ordinary penicilium is absolutely harmless, since it cannot thrive in the living body. It requires a gradual adaptation of the mould in cultivating fluids, increasing in temperature and alkalinity until it is finally accustomed to the conditions of the organism. The intravenous injection of a sufficient amount of such acclimatized mould is inevitably fatal. If the growth be injected into the veins of

an animal before it is wholly acclimatized it will develop imperfectly in the kidneys and live without danger to the life of its host. In a few days the mould dies and becomes encapsulated. Provided it had reached a sufficient degree of malignity previous to the injection, this procedure will give a perfect immunity. But a more certain way is to inject an insufficient quantity of the most thoroughly acclimatized and malignant mould. To get the right amount of penicilium requires some experience on the part of the observer, since a slight excess proves fatal. This insufficient quantity of mould develops during four weeks and finally dies. The body of the animal may now tolerate immense quantities of the most malignant varieties of mould without danger. The growth introduced into the blood can no longer develop. Is this immunity due to the loss of nutritive substances upon which the parasite depends? Such is the view of Pasteur, based on his researches in chicken cholera. This explanation does not hold good in the disease examined by Grawitz, since the blood of such immune animals will still furnish an excellent soil for the mould on being removed from the veins. Hence the immunity is not due to any change in the blood. The microscopical examination of the tissues furnishes likewise no clue by which the protection can be explained. The author, however, considers it a significant fact, that the different organs in the living body do not yield alike to the growth of the mould during the actual disease. The kidneys and liver always contain the parasite. It is only in the severer cases, that is after a more copious introduction of spores, that the other organs are involved in the following order; viz., intestines, muscular tissue, heart and stomach, while the spleen, lymphatic glands and osseous marrow are exceeded in resistance to the parasite only by the brain and lungs. It is interesting to observe that this resistance to the mould invasion is in direct proportion to the demand of the organs for oxygen. The de-

privation of arterial blood is speedily fatal to the brain, but can be tolerated by the kidney for at least an hour. The author attributes the immunity really to the condition of life of the protoplasm itself and expresses his views in the following words: "The immunity resulting from preventive vaccination is due to adaptation of the living cells to the energetic assimilating power of the parasite, and the persistence of the immunity for months and years depends upon an inheritance of this higher physiological energy of nutrition from one generation of cells to another." In other words it is the Darwinian struggle for existence with survival of the fittest. The explanation, mystic as it appears, is really but a confession of ignorance. But as yet facts do not warrant us in proceeding further. About the same conclusions are formulated by Sternberg in a theoretical article in the last number of the American Journal of Medical Sciences.

DELIRIUM OF TYPHOID FEVER.—In a recent interesting article Dr. Albert René (*Gazette des Hôpitaux*, April 5, 1881,) calls attention to the fact that the delirium of typhoid fever varies according to the stage of the disease. The delirium of the onset, the delirium of the typhoid state, and the delirium of the stage of convalescence all present different characters. The delirium of the onset of the disease appears under two different aspects; one is a very violent, furious delirium with ideas of persecution, the other is a calm, passive, melancholic delirium. The delirium of the typhoid state presents itself under three aspects. The first is a relatively calm delirium, manifesting itself in the emission of incoherent words with great volubility. The second is a violent delirium with marked hallucinations. The third is a stupid delirium, if it can be called so, much resembling extreme dementia, in which the patient pays no attention to questions addressed to him, nor to his surroundings. The delirium of convalescence is as a rule of an exalted type, a melan-

cholic form being rare. In René's opinion the delirium does not have any relation to temperature, but is dependent on other circumstances. He recommends opium particularly, hypodermically and revulsives. The treatment however, seems to range over a wide space. Cold baths do not enter into Dr. René's therapeutics.

RECURRENT SCARLATINA.—Godnef (Meditz. Vestnik, No. 4, 1880,) reports the case of a young man who, after passing through one attack of scarlet fever, was seized by a second attack while convalescing from the first. Similar phenomena have been reported in regard to variola and other acute infectious diseases, by Dr. Frank W. Chapin; (*Gaillard's Medical Journal*, January, 1881,) and have a very simple explanation in the probability that one attack did not exhaust the patient's susceptibility to either of these disease.

EFFECT OF PROLONGED LACTATION ON THE OVARIES.—Zapp Sinclair (quoted in *Gazette des Hôpitaux*, March 26, 1881) claims to have proved by his researches: First, that lactation is an obstacle to fecundation, because it prevents the complete development of the ovaries. Second, that after weaning, the ovaries present a considerable increase in their nutritive activity and their development. Third, that sudden weaning, after prolonged lactation, may give rise to hyperæmia of the uterus and ovaries, and tend to produce hæmorrhages of these organs. Fourth, that prolonged lactation may cause, little by little, the rise of the uterus and its appendages, a result likely to have beneficial effects in case of prolapsus uteri. If these results are corroborated by other authors, much advantage might be derived from the knowledge of them, but judging from the general experience hitherto, it is not impossible that Dr. Sinclair has succeeded in imposing on himself.

DR. W. S. GREENFIELD has recently been elected Professor of General Pathology in the University of Edinburgh.

ORTHODOXY AND HONESTY.—Under the very promising title "Science of Mind" a Mr. John Bascom has written a book dealing with the current psychological problems of the day from a sacerdotal point of view. On the title page, this gentleman enumerates among the works he has given to the world, one on "Ethics", and another on the "Philosophy of Religion", so that it may be assumed that he has attempted to inculcate on others, lessons on honesty and fairness which his last work demonstrates him to have utterly failed to follow out himself. It happens that Mr. John Bascom hates anything bearing the remotest resemblance to modern science. Compelled however to go into the scientific camp for such facts as it is, unfortunately for him and his compeers, necessary nowadays to at least pretend to know, he endeavors to suppress as much as possible, giving the usual credit to his sources of information. On page 387, he gives, not in quotation marks, but in the continuity of his own text, the following: "It is, however, in the combination of relations, that man's great superiority is found and not in any one of them alone. In absolute weight of brain he is surpassed by the elephant and whale; and in weight relative to that of the body by many of the smaller birds. There must be further considered the proportion of the gray to the white tissue". The last word is accompanied by an asterisk, and a footnote referring to the latter reads "Journal of Nervous and Mental Diseases, January, 1876. First Article." Through the latter clause Mr. John Bascom gives the impression, either that through an excess of modesty he has elected to refer to one of his own articles in this uncommon manner, or that the article has no responsible author. The truth is that the author's name, Professor Wm. A. Hammond, is published with the article, that this fact was perfectly well known to Mr. John Bascom, and that Mr. John Bascom suppressed the name in order to avoid the unpleasant dilemma of giving credit for what few facts that page in his

book contains, to one possessing unorthodox views, and of directing attention to the fact that the very facts given were originally used in the substantiation of conclusions diametrically opposed to those contained in his book. The Review would not have devoted so much space to Mr. John Bascom and his book, as he has very little true "Philosophy of Religion," or what gentlemen term "Ethics." There is absolutely nothing original or suggestive in the book. But the Review takes a special interest in pointing out how frequently the cloak of religion is thrown over what is essentially rotten, and how often it is doffed on unseemly occasions, when strictly medical or scientific questions come up for discussion, and it might be hoped, come thus up for discussion solely from a scientific point of view. There are, however, even medical journals that unblushingly assume the defense of the puerile attempts of some people to depreciate the value of any recent scientific acquisitions. Not very long ago the Review ventured to mete out that ridicule to a college president, who had referred to the Princeton cess-pool epidemic as a Dispensation of Providence, which, it will be readily admitted, was richly merited. The Medical Record has, however, referred to this criticism as a turbulent and revolutionary attack upon a distinguished and venerable character. The Record has a sympathy for what is venerable, which is quite natural. Judging indeed from the tone of its editorial columns, as manifested for a year or so past, it is itself passing into that delightful period, which throws such charms about old age; second childhood.

LEPROSY OF THE BIBLE.—Dr. George E. Post, of Beirut, Syria, (Sunday School World) claims that this is not the oriental leprosy, but a form of psoriasis, which opinion he supports by citations from Leviticus and references to contemporary customs in Palestine. If his opinion, be correct, there is one more support of the miraculous in medicine taken away.

PILOCARPINE IN DIPHTHERIA.—If action and reaction be a law of progress, its power is nowhere more strongly displayed than in therapeutics. A remedy suddenly rises to great prominence, is extolled and lauded on all sides, and then suddenly sinks into obscurity. The pilocarpine treatment of diphtheria inaugurated by Guttman and hailed with such a flourish of trumpets by the various servile imitators of the Germans in the United States, seems to be passing through this phase. Guttman cured nearly all his cases by it, a result obtained by his immediate followers; others like Weise, found that while pilocarpine may be expeditious and valuable, collapse is sometimes produced by its use, and therefore recommend caution in its administration. Neumeister (*Deutsche Medicinische Wochenschrift*, 1881,) for example, condemns the use of pilocarpine in the diphtheria of children, as it is insufficient to excite salivation, and even if this be produced, the false membrane is not loosened, and if given in even small doses, it may cause threatening cardiac symptoms, the last result being fully in accordance with the experience of Weise already cited. The whole history is an illustration of how physicians swayed by a single fixed conception in therapeutics, ignore all other factors. Pilocarpine was known to have a depressing action on the heart, long before Guttman's trial of it in diphtheria, but before the brilliant idea of salivating diphtheria out of the system, all such facts vanished. A lesson to be learned from this is that a little conservatism and careful consideration of all circumstances will always be of benefit in therapeutics.

TRACHEOTOMY WITHOUT TUBES.—Mougeot (de Troyes) in a paper read before Paris Academy of Medicine (*La France Médicale* April 7, 1881,) advances the opinion that the majority of tracheotomised children do not reach their majority, as the Paris military board of examiners have not found one instance of tracheal cicatrix in the recruits examined. This opinion is

expressed, not for the purpose of discouraging the operation, but to lead to a modification of it. The operation without tubes, as first performed and strongly advocated by Dr. Martin of Boston is, according to Dr. Mougeot, the one most indicated, as it prevents the production of pulmonary emphysema and laryngeal phthisis, so often consequent on tracheotomy.

CONJUNCTIVITIS FROM DUST.—In the *New York Medical Record* (April 9,) Dr. Loring calls attention to a peculiar form of conjunctivitis, or at least conjunctival hyperæmia, at present prevalent in New York. With very slight prominence of objective appearances and scarcely any secretion, there exists considerable subjective irritation especially in artificial light. On account of its limited local prevalence, Dr. Loring attributes this trouble mainly to the dust now so annoying in New York city. An absolute proof of this etiology is not given however, and would indeed be difficult to furnish. In Chicago and its suburbs, there has likewise been a conjunctivitis prevalent, one might say epidemic, during the middle of the past winter, at a time, however, when dust could not be accused of being the cause. The cases observed by the writer presented but little secretion or conjunctival congestion, but some ciliary hyperæmia and often considerable ciliary irritation. In some instances there was some puffiness of the lids. As far as could be learned from cases not treated at the time, the disease was self-limited, lasting but a few, perhaps at the most, ten days. According to Loring's experience, the disease is very intractable in New York. He claims to have seen most benefit from the application of solution of nitrate of silver, one eighth of a grain to the ounce. The fact that the tears and the mucus contain more salt than suffices to neutralize this feeble percentage of silver, inspires mistrust of the efficacy of such treatment. Still Dr. Loring's positive experience cannot be overthrown on theoretical grounds.

MORPHINE AND CHLOROFORM IN ANÆSTHESIA.—Francois Franck (*Journal de Médecine de Bourdeaux*, April 17) calls attention to certain advantages derived from administering morphine as a preliminary to anæsthesia by chloroform. He has ascertained by experiment, that the preliminary administration of morphine suppresses or markedly diminishes the initial respiratory and circulatory complications of chloroformisation, and that the great perturbations often observed in the circulatory function, when a considerable quantity of chloroform is rapidly absorbed into the lungs, are very considerably diminished by the preliminary administration of morphine. He calls attention, at the same time, to the fact that a respiratory syncope may be more easily produced by morphine and chloroform than by chloroform alone, and the respiration requires, therefore, in case this method of anæsthesia be used, constant watching. The patient, as a rule, however, could readily be relieved from this syncope in many cases by artificial respiration.

CONSULTING STAFFS TO INSANE ASYLUMS.—In a letter to the *British Medical Journal*, April 23, 1881, a Dr. G. M. Blumer, of the Utica Asylum, fiercely denounces the system of having consulting boards appointed to supplement the medical staff. This gentleman has evidently been made the mouth-piece of the Asylum Association, and exhibits very strongly the great hypocrisy that characterises that body. His letter partakes only of the nature of diatribe, and is not at all argumentative.

CONGENITAL ABSENCE OF EYEBALLS.—Dr. J. R. Wall (*Medical Record*, April 2, 1881,) reports a case of this kind, which he seems disposed to attribute to the influence of an impression made on the mother during gestation by a man who had lost one eye. The scepticism with which these so called results of maternal impressions have been hitherto received, seems now to be giving way to an equally absurd credulity.

ASTHMA.—Good results are claimed for the following mixture of morphia, strychnia and atropia, in the treatment of the asthmatic paroxysm: Bimeconate of morphia one-eighth of a grain, atropia sulphate one one-hundred and twentieth of a grain, and strychnia one-sixtieth of a grain given hypodermically and repeated if necessary.

SUB-MENINGEAL HÆMORRHAGE IN WHOOPING-COUGH.—Cazin (*Gazette des Hôpitaux*, March 29, 1881) claims that sub-meningeal hæmorrhage is far from being a rare complication of this disease, and cites a case in which the relation between the disease and the hæmorrhage was well marked. Whooping cough is a disease very frequently left untreated, and this complication is one that surely should be guarded against, not only because of the possibilities of a fatal result, but also because that not unfrequently is a case of epilepsy or dementia to be traced apparently to this disease, of which etiology the sub-meningeal hæmorrhage would furnish an explanation.

SALICYLATED STARCH IN ECZEMA.—Kersch (*Wiener Medicinisches Blatt*, No. 1, 1881,) strongly recommends salicylated starch in the treatment of eczema. It is prepared by gradually mixing small quantities of pure starch with a two to three per cent. alcoholic solution of salicylic acid. When the starch has settled, the quantity of the solution present should be sufficient to furnish a layer over it. The residual solution should then be poured off; the salicylated starch pressed in stout muslin, and dried at a temperature of 176° F. The eczematous patches are first deprived of their scales by the use of a two per cent. solution of carbolic acid and potash soap. Then dried with absorbent antiseptic cotton, subsequently moistened with a two per cent. alcoholic solution of salicylic acid and then thickly covered with the salicylated starch. The remedy, even allowing for Kersch's enthusiasm, seems to have acted well, and is worthy of more extended trial.

ATROPIA IN THE PAIN OF CANCER.—Auger (*L'Union Médicale*, April 14, 1881) claims to have calmed the pain in many cases of cancer by the use of sulphate of atropia in the proportion of one part sulphate of atropia to one thousand, distilled water. Compresses steeped in this solution are applied to where pain exists and covered with gutta percha to prevent evaporation. These are renewed three or four times a day. A marked relief follows this application, which does not give rise to the constitutional effects of the drug. Auger claims from this, that the effects, of atropia in calming the pain in cancer are purely local, and consist of a vascular contraction resulting in diminution of sensibility.

LYMPHATIC VASO-MOTOR NERVES.—Paul Bert and Laffont (*Le Progrès Médical* April 2, 1881,) claim to have discovered the vaso-motor nerves of the chyloferous vessels. The procedure adopted, and which seems rather crude, was to open the abdomen of an animal, engaged in full digestion, under warm water. The chyloferous vessels were then noticeable as white cords and on the great splanchnic nerve or the solar plexus being excited electrically nodosities were formed along the length of the vessel. These experiments, while yielding results of great probability, do not demonstrate fully what is claimed for them by Bert and Laffont in their article.

SYPHILITIC POLYURIA.—Semmola (*Courrier Médical*, March, 1881) claims that to the forms of cerebral syphilis already existing, should be added one which produces a polyuria. He bases this conclusion on three clinical cases, and regards the affection as due to a luetic change in the floor of the fourth ventricle. The pathology seems rather strained, as also do his conclusions, but as his patients recovered under anti-syphilitic treatment, his cases furnish a hint of some possible therapeutic value in the treatment of certain cases of obscure polyuria which frequently occur.

THE CINCINNATI LANCET AND CLINIC says the physicians of Nashville have petitioned the common council to prohibit the tolling of bells for funerals, as the tolling has had a very depressing effect on the rest of their patients.

A NEW CESTOID PARASITE.—At a late meeting of the Paris Biological Society, Dr. Megnin exhibited a specimen of a new parasite, *Triscuspidaria nodulosa*, which presents many marked differences from the ordinary *tænia*, having claws in place of suckers on the abdomen, and pursuing all its generations in the same animal. The parasite is found in the perch, trout, sunfish and some other fish, and it is not impossible it may be at times found in man.

NERVE ALTERATION IN CHRONIC RHEUMATISM.—Leloir and Dejerine (*Le Progrès Médical*, April 2, 1881,) have been examining into the nervous changes produced by chronic rheumatism. In the case examined, ulceration had resulted and the nerves in the vicinity of the ulceration had been the seat of atrophic parenchymatous neuritis. This change they regard as antecedent to the ulceration, and its principal cause. The changes in the spinal cord, whether primary or secondary to this neuritis, remain to be determined.

DANGERS OF OVARIAN COMPRESSION.—Compression of the ovaries has been the favorite way of treating certain cases of hysteria, adopted by Charcot and his imitators in France and the United States, it appears, and this might have been anticipated, that this procedure is not destitute of danger. Perast (*British Medical Journal*, April 2, 1881) reports a case in which moderate pressure was made on the left ovary of an hysterical patient in good health, other than the hysteria. The next day peritonitis set in, followed by death in two days. The case certainly should lead to a little caution in the use of this exceedingly fashionable therapeutic procedure.

CEREBRO-SPINAL FEVER is becoming epidemic in New York City.

A SOCIETY OF PUBLIC HYGIENE has been formed at Bordeaux, France.

PIROGOFF will reach the fiftieth anniversary of his professorship on June 5.

THE TOLEDO MEDICAL AND SURGICAL JOURNAL has suspended publication.

A NEW FRENCH Journal assumes the form of a review of military medicine.

DR. EDMUND M. LANDIS, a prominent physician of Chicago, died May 6, 1881,

A BILL to regulate the practice of medicine in Arkansas has passed the Assembly.

DR. SALVATORE CARO, a prominent New York physician, died April 30, 1881, at the age of fifty years.

A BOHEMIAN UNIVERSITY is to be established at Prague, in addition to the German university at present there.

THE East Indian Government have an annual profit of \$21,500,000 from the Bengal opium imported into China.

DR. JNO. DAY, a prominent physician of Geelong, Australia, died January 10, 1881, in the sixty-fifth year of his age.

THE NEW YORK Society for the Prevention of Cruelty to Children has discovered that violin-playing causes malaria.

DR. LUDWIG WALDENBURG, editor of the Berliner Klinische Wochenschrift, died April 28, in the forty-third year of his age.

DR. HELMHOLTZ, the physicist, has been made an honorary fellow of the Royal College of Surgeons, Ireland, an honor hitherto conferred but five times.

MR. GEORGE J. SENEY, of Brooklyn, has given two hundred thousand dollars in cash, and seventy thousand dollars in land, for the erection of a cottage hospital.

THE ARKANSAS STATE MEDICAL SOCIETY at its meeting, April 28, elected R. G. Jennings, M. D., President; W. B. G. Malone M. D. and D. C. Ewings M. D. Vice Presidents; L. P. Gibson M. D. Secretary and A. L. Breysocker Treasurer.

LOCAL.

HEALTH DEPARTMENT.

In a conversation with the Health Commissioner, Dr. DeWolf, regarding the prevalence of small-pox in the city, he remarked that the disease seemed to be epidemic in all the cities of Europe, and the authorities appeared to be determined to send every infected person to America. On the arrival of emigrants at New York, they are examined by the health officers of the port, and are vaccinated when practicable. In Philadelphia and Baltimore, however, the authorities send emigrants west without apparently taking any precautions. The small-pox in Chicago at present is confined to the non-English speaking population. Dr. DeWolf believes that if the authorities at ports of entry would insist upon the quarantining for twenty days of steamships exposed to infection, and whose owners would not insist upon the vaccination of their passengers, then small-pox among emigrants would cease. A sporadic case of typhus fever was reported in the Chicago March mortality report. The circumstances attending this case, however, are such as prevent it being received as an evidence that the disease has left the seaboard. The number of deaths for the week ending April 30, was three hundred and twenty-one, of which thirty-five were from phthisis and eleven from cerebro-spinal fever.

WEST CHICAGO MEDICAL SOCIETY.

Dr. Fenger read a paper at the May 9 meeting of this society, on "Nerve-Stretching." He first gave an historical sketch of the operation from its accidental discovery by Billroth, and its performance for the first time as a premeditated surgical operation by Von Nussbaum, down to its universal adoption at the present time. The diseases in which this operation has been performed include sciatica, idiopathic and rheumatic, neuralgias of various nerves, mimic spasm, spasmodic torticollis, epilepsy, paralysis, tetanus, locomotor ataxia, and anæ-

thetic leprosy. The results of the operation in the above-named diseases was referred to briefly. The amount of force to be used in stretching the nerves was then mentioned, the speaker stating that the average force required to break the sciatic nerve asunder was one hundred and thirty-eight pounds, and that the radial nerve required a force of eighty-four pounds for its rupture. The cause of the relief of the pain by the operation is not as yet known. In certain cases, the effects have been experienced in the opposite limb, and in one case, after the stretching of the axillary plexus, in a case of locomotor ataxia, the pain in both the upper and lower extremities ceased. The paper was concluded by some observations on the future of the operation, that as it was an absolutely harmless surgical procedure, it might and probably would be tried in many diseases of the central nervous system in which surgical interference had previously been considered useless. The discussion was participated in by Drs. Danforth and Bridge. The report of the treasurer was presented and the following officers elected: President, Henry M. Lyman, M. D.; Vice President, Maria J. Mergler, M. D.; Secretary and Treasurer, R. S. Hall, M. D.; Board of Censors, Drs. Holmes and Bridge. The attendance at this meeting was very gratifying, eleven out of a total membership of seventy-two being present.

CHICAGO MEDICAL SOCIETY.

At the May 2 meeting of this society, Dr. Charles Warrington Earle presented an interesting paper upon r  theln, or German measles. He first gave the history of the disease, followed by diagnosis, differential diagnosis between r  theln, scarlatina and measles, prognosis, complications, etc. The Doctor had seen a number of cases during March and April. The average period of incubation was seventeen days. The paper was discussed by Dr. F. M. Weller, who said he had seen several cases in 1873, one of which terminated fatally. Dr. Paoli had seen several hundred cases in 1840, in

Sweden, and none had terminated fatally. Hence he thought that Dr. Weller must have been mistaken in his diagnosis. Dr. Weller reiterated his former statement. Dr. Roswell Park had seen one hundred cases within the last four weeks; only three of the patients were adults; about one-third of the patients presented throat symptoms. Drs. Valin and Ingals also spoke, confirming the essayist's statements. At the next meeting, May 16, Dr. F. M. Weller will discuss the subject of "Numbers and Measures, suggesting scientific correction with reference to dispensing medicines."

THE MICHAEL REESE HOSPITAL

will probably not be prepared to receive patients until August. The directors have ordered five thousand dollars' worth of surgical instruments from Europe.

THE ARKANSAS STATE BOARD OF HEALTH was organized by the election of Dr. C. E. Nash President and Dr. J. A. Dibrell Secretary, and held its first meeting April 28.

THE EMPRESS OF GERMANY'S prize of five hundred dollars for the best essay on The Determination of the Causes of Diphtheria and the Practical Results to be derived Therefrom, is to be awarded September 30, 1882. Essays may be written in English, French or German, and sent to Professor von Langenbeck, Berlin, Prussia, before March 31, 1882.

THE ILLUSTRATED SCIENTIFIC NEWS.—The April number of this beautiful and interesting magazine is at hand. Among the various subjects illustrated in this number are: Prof. Sechi's solar photographic apparatus, with six distinct views of the sun taken by this instrument; engravings of the boats and apparatus used on Lake Geneva; a new machine for determining the velocity of sound in water; a new machine for decorating enameled surfaces; engravings of objects in natural history, and an illustrated article on apiculture.

CONTRIBUTIONS.

*ROETHELN.**

BY CHARLES WARRINGTON EARLE, M. D., CHICAGO, ILLINOIS.

During the months of March and April we have been having a disease characterized by mild coryza, redness and suffusion of eyes, very slight fever, moderate if any acceleration of pulse, enlargement of glands in neck, followed with a papular eruption. These red spots are smaller than measles and larger than scarlet fever. They resemble in some cases certain forms of urticaria, are entirely unlike the variculous diseases, possessing many of the characteristics of what the authors of works on diseases of the skin call roseola, except that this disease is contagious, and in all its main features corresponds to what the Germans call r  theln.

HISTORY OF CASES.

Case One. G. J., aged ten. Had measles during infancy, never had scarlatina, was vaccinated early this year, March 18. Without any premonitory symptom it was discovered that an eruption was present in his face and chest, which by morning covered nearly the entire body. There was intense itching, and from the description given by his parents, I think a considerable number of wheals similar to urticaria were present. The eyes and mucous membrane of nose were red, but he did not sneeze. The throat was not sore, or at least to only a very slight extent. His face was swollen, however, and remained in this condition to a greater or lesser degree for at least one week. The appearance of urticaria, noticed the first night, rapidly disappeared, and the usual hyper  mic points remained. The acute eruption gradually faded out in about thirty-six to forty-eight hours. The skin remained slightly mottled for at least ten days. He had a very slight fever and no bronchitis. I may remark in connection with this case that twenty-one days from the time the eruption appeared, his sisters, aged six and a half and two respectively, commenced to have slight suffused eyes and swollen face, and in a few hours were covered with the eruption. At the height of the eruption, I was able to take the temperature, which was absolutely normal.

Case Two. The evening of March 8

a gentleman at the head of one of the departments in a large mercantile house in our city visited a friend on Carroll Ave. He was suddenly taken sick and was obliged to take to his bed on account of pain in bones, heat in eyes and nose, and the uncomfortable sensations experienced from an eruption, which at this time made its appearance, and in a few hours covered his body. I did not see this patient, but friends reported that the physician who called said the difficulty was somewhat obscure, that it looked like measles and yet did not present the aggregation of symptoms usually found in that disease. He finally called it measles. Seventeen days after the evening this gentleman was taken ill, a patient of mine in the same house was taken sick, and the next morning was covered with an eruption, and I was summoned, the messenger saying that Mr. D. had measles. I was surprised to find my patient free from bronchitis and to learn that he had no premonitory symptoms previous to the eruption. The hyper  mic spots were not those of measles, and for two days I was puzzled as to what to call it. My first case I did not differentiate at all. The second case caused me to review very carefully the subject of papular eruption, and I concluded it was German measles, or r  theln, as we now must call it till a better name is suggested. This gentleman had had both measles and scarlatina, and a few months before had assisted in the care of his own children who had the first-named disease. His premonitory symptoms were languor, cold in head, sore eyes, sneezing and considerable sore throat. The eruption covered his head, neck, thorax and abdomen in the space of three or four hours. He was quite sick, indeed, it appears to me that adults are quite as ill, if not more so, than children.

Case Five was a young lady, Ida B., aged nineteen. She had had measles and scarlatina. Disease ushered in with chilliness, sneezing and suffused eyes. No bronchitis or cough; no albuminuria; face considerably swollen; was vaccinated about one month previous to attack. Case Six. James A.; aged fifteen; has had measles; was covered with eruption in the morning after retiring at night feeling well; eyes red; pulse 78; temperature 100  ; throat normal; no bronchitis; glands in neck slightly enlarged; face swollen; vaccinated two and a half months before attack. Case Seven; aged seven. Case Eight; aged twenty-one; came down twenty-one days

*R  THELN.—Literally meaning a disease characterized by little red spots.

Synonyms.—German Measles; Rubeola; Measlings; Spurious Measles; False Measles; Bastard Measles; Rubeola sine catarrho.

after case seven and in same house; had had measles, scarlatina and small-pox. Cases Nine and Ten; had no peculiarities. Case Eleven; well at night; covered with eruption in morning; usual symptoms. Case Twelve; my own daughter; aged ten. Case one and a playmate of my little girl came to my office to ask some question, and in twenty-one days from that time, with the usual symptoms, my daughter was covered with the eruption.

These cases, with twenty others which I have seen, correspond with what is called by the Germans, rubeola or r  theln. Unfortunately, however, ordinary measles is sometimes designated rubeola, and Erasmus Wilson adds confusion to any classification by speaking of roseola as measles. What do we know concerning the disease? Where shall we place it? Is it something new? Is it contagious? Do we know anything of its etiology? Is it rubeola, or measles, or roseola? A disease, probably the one we are now considering, was described as early as 1492 by Ali Abbas of Venice, and that a disease resembling scarlet fever and measles has existed for many years in modern times, I do not doubt. As far back as the middle of the last century the German physicians wrote of an acute exanthematous affection closely resembling this disease, and called it rubeola. About this time, possibly a little earlier, the French and English physicians wrote concerning a disease, evidently the one we are now considering, and called it roseola. and in our own country we have frequently heard of false or spurious measles and rose rashes.

During all this time the grand mystification has been becoming more and more intensified. About half the authors and writers believe the disease under consideration to be either mild scarlatina or measles, or both, and the other half believe it to be a separate affection. If this be an independent disease, as I believe it is, the first thing we want is a name. Erasmus Wilson, as I have remarked, speaks of rubeola or measles as the same disease. If you look in the index in Meigs and Pepper for Measles, you are referred to Rubeola, and in the body of the article, the opinion is expressed that a mild disease called by Willan, rubeola sine catarrho, is nothing but roseola. In their article on roseola they say it is a non-contagious disease. Now the disease I am speaking about is certainly mildly contagious, as I shall be able to demonstrate before I finish.

Roseola is described as a disease absolutely without symptoms referable to the eyes or mucous membrane of the nose, and as frequently having several days of prodromic period. Furthermore, roseola is said to be characterized by fever, restlessness, etc., followed by rose-colored spots of irregular size and shape, which I suppose we have all seen in the course of digestive difficulties in children. In every respect roseola and the disease we are considering are entirely different. Look, now, in the work of Erasmus Wilson, and you will find Roseola described as a disease associated with congestion of the mucous membrane of the fauces, and as a synonym, false measles is given. We are constantly getting into trouble in regard to the name of the disease, and to cap the climax, Thomas, in Ziemssen's Cyclop  dia, heads his article "Rubeola," and underneath this word writes, "R  theln, German Measles." Rubeola is from a word meaning red. R  theln is the German for it, and there is quite as much evidence in favor of the disease being described first by either the French or English, and if we call it German measles, with equal propriety it may be called French or English measles. We should not call it r  theln, because this is a name applied to rubeola, and rubeola is the name applied by many to measles. It is not roseola, for that is not contagious. It is manifestly improper to designate it German measles, for this new progeny may first have seen the light on French or English soil.

ETIOLOGY AND NATURE.

What, then, shall be its name? Sufficient cases have already come under my observation to warrant me in expressing the conviction that we have a specific exanthem, and that it is neither scarlatina nor measles, nor a mixture or modification of either or both. It is not roseola, unless roseola is both epidemic and contagious, and the eruption is not that described as being found in roseola. It is not urticaria, although it has seemed as if urticaria has complicated one or two cases. I am aware that occasionally we have a second attack of measles and scarlatina. This disease can not come among these second attacks, for it is wanting in the essential factors always present in these maladies. The first attacks of measles and scarlatina give no immunity from this disease, and although it has not occurred in my practice, the disease under consideration has been followed by measles,

showing that it does not furnish exemption from that disease.

CONTAGION.

That it is both contagious and epidemic I have no doubt. What the contagious principle is, of course, I have no knowledge. We must say as we do in regard to scarlatina and measles, that we knew nothing *per se* of this element.

PREDISPOSING CAUSES.

Of its predisposing causes we may be able to say something. Its relation to miasma: One observer has remarked, that after great moisture, when the air is charged with impurities, the disease seems to prevail. The peculiar winter, from which it is hoped we have emerged, may have had something to do as a cause of our present epidemic. It has been noticed, particularly in the Island of Malta, that after the rainy season, this disease prevails to its greatest extent.

INCUBATION.

This is from two and a half to three weeks, according to Emminghaus. According to my experience, it is, with considerable regularity, seventeen days, although future observation is needed to state with exactness as to this question.

AGE.

More adults seem to be affected during our present epidemic than in those described by former writers. Only six adults in one hundred and thirty cases, are spoken of by Emminghaus. Smith found six adults in fifty-four cases, and twenty-three in the same number between five and ten. Infancy seems to be nearly exempt; one quarter of the cases coming under my observation have been over fifteen years of age.

SOCIAL POSITION.

The rich and poor seem to be alike liable to this safe exanthem. The largest number of cases, however, have been in the section bounded by Halsted, Kinzie and Twelfth sts. and Western ave.

SYMPTOMS AND HISTORY.

Among children I have not been able to notice any prodromal period. In adults it is frequently present and consists of languor, chilliness, pain in muscles, surface of body feels flushed to patient, and in one of the cases a dizzy sensation has been experienced. In children, the first thing noticed will be the eruption, although in a few the eyes are somewhat red, and sneezing may precede the eruption. The coryza is not at all severe, and the conjunctival trouble has not in any of my cases, except one, amounted to photophobia. The pharynx is

frequently red, not intensely so, and sometimes not diffused. I have never seen a white patch on the mucous membrane of either mouth or pharynx. The glands of the neck are swollen in about all the cases. The tonsils in one adult were considerably enlarged, and in one case, a gland, the post auricular, was very largely swollen for days. There has been no tendency to suppuration. The exanthem may be preceded a few hours by a redness of the forehead and cheeks, really a erythema, and then the spots make their appearance. I have noticed the eruption at first on the neck or chest, from which it spreads to other parts of the body. The spots, in the cases which have come under my observation, do not have any tendency to make their appearance in concentric rings.

TEMPERATURE.

During the height of the eruption I have failed in several cases to find the temperature above normal. In the majority of cases I can say with certainty that it is normal. In a few cases, especially in adults, and when the pain in the head and pharynx is great, it is slightly increased.*

PULSE.

The pulse in a patient seven years old, counted while I am dictating these words, is 90. Indeed, the symptoms in children are so mild that they hardly ever take to their beds, and some boys do not discontinue their play out doors.

COMPLICATIONS.

Pneumonia has taken place in three or four cases in one hundred and twenty of the disease. Aphthæ, or thrush, or some other form of stomatitis has followed in a few cases, especially those in charitable institutions, where the general nutrition of children can not, and is hardly expected to be quite equal to that enjoyed in private families. Rheumatism in two or three cases, very slight. There has been a tendency to slight gastro-intestinal irritation in a few cases. Pain in bowels continued for several days in one patient. Dr. Smith believes diphtheria liable to follow. I think there is a decided tendency to urticaria, and in one or two cases a pemphigus has been noticed, which, however, remained only a few hours. Slight malarial troubles may, and frequently do, complicate the disease, especially in this climate. In these cases it is altogether probable that we find an in-

*Since writing the above, I have been able to take the temperature of a robust little girl when the eruption was at its height, and found it to be 99 $\frac{1}{4}$ °, with a pulse of 85.

creased temperature, with more than the usual muscular pains.

DESQUAMATION.

I have noticed a slight furfuraceous detachment in a few cases, especially about the nose; it does not take place, however, to any general extent. The remark of Dr. Smith, that it usually disappears without desquamation, agrees with my observation. Vogel also says the desquamation which succeeds is very slight, barely noticeable.

RELAPSES.

A German author says no case is on record of its occurring twice, but relapses may take place in from a few days to two weeks. Two relapses have occurred in my practice, one at the end of the third day, and the second after twenty-one days. The relapse in this second case was attended with considerable abdominal pain. Usually, however, there is nothing of special importance or danger in a recurrence.

DIAGNOSIS.

This is the most important question in regard to the entire subject. It is liable to be confounded with variola or varioloid, scarlatina, measles, erythema, urticaria, rubeola and roseola. Not a few cases have in this epidemic been taken for the erythematous or papular stage which sometimes is seen in small-pox. Health Commissioner DeWolf has even been applied to, to clear up the diagnosis. The absence of severe head and back-ache, and the rapid disappearance of the eruption in a few hours, dispel any doubts in regard to its being a disease of this character. The absence of sore throat, the mild fever, the papular eruption instead of a rash, its rapid disappearance, with none of the sequelæ so frequently met with in scarlatina, will enable us to differentiate it from that disease. In measles we have a disease where, for two or three days, a severe bronchitis is almost invariably present. The fever is indicated by a rise of the temperature to 101° to 104° , and all symptoms point to severe lung complications. The eruption is about three days in spreading over the body, and when fully developed is much larger than in the disease we are considering. The coryza and photophobia are severe in measles, but mild in this disease. The period of incubation is nine days in measles, and seventeen to twenty in r  theln. Sometimes an erythema is really present in this disease, but according to my experience it rapidly disappears, and the peculiar red spots can be found on other parts of the body at the

same time. The erythematous blush is usually confined to a small area, as the forehead and one cheek.

Rubeola is simply another name for measles, and I need not stop to discuss its diagnosis. Roseola, more than any other disease, will give trouble in diagnosis. Roseola is said to be sometimes epidemic, but no one has claimed for it the element of contagiousness. R  theln has a period of incubation, and is markedly contagious. Roseola has a prodromal period. R  theln has but few, if any, premonitory symptoms.

RECAPITULATION.

We have, then, a disease occupying about the relation to measles and scarlatina that varicella does to variola. It is a specific, acute exanthem, characterized usually by slight coryza and suffusion of eyes, followed by an eruption, and enlargement of the cervical glands. The treatment must be based on general principles, and the disease itself tends to rapid recovery.

CORRESPONDENCE.

AMERICAN MEDICAL ASSOCIATION— THIRTY-SECOND ANNUAL MEETING.—AMERICAN MEDICAL COL- LEGE ASSOCIATION.

RICHMOND, Va., May 7, 1881.

FIRST DAY, MAY 3.

The Association was called to order at Mozart Hall at 11 o'clock A. M. by Dr. Cunningham, Chairman of the Committee of Arrangements., Dr. Holton, of Vermont, Vice-President, occupying the chair. Right Rev. Bishop Keane opened with prayer. Governor Halliday was then introduced, and delivered an eloquent address of welcome. The Secretary then read the names of delegates, who as the names were read, were confirmed as members. At 12 o'clock President John T. Hodgen was introduced, and delivered his address.

Dr. Joseph Warren, of Boston, presented his report as Chairman of the Committee of Foreign Delegates, about the only point of value made in it being the advice to the Association to publish a weekly journal instead of a monthly volume. Adjourned.

SECOND DAY, MAY 4.

10 o'clock A. M. The Association was called to order by President Hodgen. Prayer was offered by Rev. Dr. Peterkin. The Nominating Committee was announced, and retired to Wilkinson Hall. The "Special Order" was then called, be-

ing the action on the amendment to the Code of Ethics, Article I, Paragraph first, to which the amendment adds: "And hence it is considered derogatory to the interests of the public and honor of the profession, for any physician or teacher to aid in any way the medical teaching or graduation of persons, knowing them to be supporters and intended practitioners of some irregular and exclusive system of medicine."

A motion to lay on the table being lost, Dr. Dunster, of Michigan, spoke at length in opposition. It is useless to give a résumé of his speech, which was but a repetition of what has already appeared in print, and has been circulated broadcast. On motion of Dr. N. S. Davis, the subject was made the special order for tomorrow, after the addresses. Dr. John H. Packard presented a report from the Committee on Journalizing Transactions, recommending the establishment of a weekly journal as the organ of the Association, closing with a resolution:

"That the President be authorized to appoint a committee of five to digest and report in detail, as soon as practicable, upon the time, place, and terms of the publication of such journal; to elect an editor, fix his salary, and to arrange all other necessary details."

After considerable discussion, the resolution was adopted, striking out that portion which related to an editor, and adding the Secretary and Treasurer to the committee. Dr. Toner, of Washington, moved that the secretary be instructed to have published with the forthcoming transactions a complete index of the proceedings of all previous meetings; carried. Dr. Toner presented the necrological report, which insisted upon greater faithfulness upon the part of the individual members of the committee in performing their duties on the committee. Adjourned till to-morrow at 10 A. M.

THIRD DAY, MAY 5.

10 o'clock A. M. Called to order by President Hodgen. Prayer by Rev. Dr. Hatcher. On motion of Dr. Gross, the rules were suspended and a Section of Dentistry established, the section to be formed and commence work this year.

Dr. Hunter McGuire read one of the most valuable papers of the session upon "Operative interference in gunshot wounds of the peritoneum." His reasoning was clear and cogent, his practical experience

lent weight to his argument, and his deductions met almost universal approval. He advocated operative interference in penetrating gunshot wounds of the peritoneum with intestinal injury; in penetrating wounds of the peritoneum with any visceral lesion, and similar cases without visceral injury. The wounds in the abdominal wall should be enlarged, or the linea alba opened freely enough to allow a thorough inspection of the injured parts. Hæmorrhage should be averted. If wounds of the intestines exist, they should be trimmed if ragged edged, and stitched with animal sutures. All irritating matter should be removed from the cavity, and drainage established. The dependent wound of exit or entrance should be kept patent and enlarged if necessary, or a drainage tube inserted. If only a wound of entrance, and that not dependent, exists, then a dependent opening should be made and a drainage tube inserted.

Dr. Billings, of Washington, read a very interesting paper upon "Some of the results of the tenth census as regards mortality statistics."

Dr. Stone, of Minnesota, reported for the nominating committee, the following names:

For President, Dr. J. J. Woodward, U. S. A.

For First Vice-President, Dr. P. O. Hooper, Arkansas.

For Second Vice-President, Dr. Leartus Connor, Michigan.

For Third Vice-President, Dr. Eugene Grissom, North Carolina.

For Fourth Vice-President, Dr. Hunter McGuire, Virginia.

For Secretary, Dr. William B. Atkinson, Pennsylvania.

For Treasurer, Dr. R. G. Dunglison, Pennsylvania.

For Librarian, Dr. William Lee, District of Columbia.

To fill vacancies in the Medical Council, Dr. Benham, Pennsylvania; Dr. Toner, District of Columbia; Dr. Linthecum, Arkansas; Dr. Brodie, Michigan; Dr. Holton, Vermont; Dr. Sloan, Missouri; Dr. Cole, California.

St. Paul, Minn., was chosen for the next place of meeting, which will be on the first Tuesday in June, 1882.

For Chairman of the Committee of Arrangements, Dr. Stone, of Minnesota.

This incomplete report of the committee was adopted unanimously, and the committee will complete their report to-morrow.

FOURTH DAY, MAY 6.

The chief proceedings of the Association on this day were the election of officers, and the following gentlemen were elected to fill the offices named:

President, Dr. J. J. Woodward, U. S. A.
Vice-Presidents, Dr. P. O. Hooper, of Arkansas; Dr. Leartus Connor, of Michigan; Dr. Eugene Grissom, of North Carolina, and Dr. Hunter McGuire, of Virginia.

Secretary, Dr. William B. Atkinson, Penn.

Treasurer, Dr. R. J. Duglison, Penn.

Librarian, Dr. William Lee, D. C.

Chairman Committee of Arrangements, Dr. Stone, of Minnesota.

The remaining officers were re-elected.

The Association then adjourned to meet June 2, 1882, at St. Paul, Minnesota.

AMERICAN MEDICAL COLLEGE ASSOCIATION.

This association is practically dead. To be sure it has elected new officers, and all of them are from the West and may be able to infuse new life into the corpse. Entered into by the Western colleges as a means of advancing medical education, they have steadily tried to forward its purposes and faithfully carry out its rules.

Entered into by the Eastern schools to catch the Louisville and Long Island schools, they abandoned it practically as soon as they found that the principal rat they were after had been shrewd enough to see the trap in the meal, and refuse to enter. With a president, whose own school was recalcitrant, the Association could hardly expect a vigorous enforcement of rules which would expel its own officers.

At first looked upon with interest and expectation that it would bear great fruit, it gradually attracted suspicion and indignation, and now is held up to ridicule by nearly all.

The only remedy for the evils sought to be eradicated through this association, is the entire separation of the licensing from the teaching bodies, and the requirement of certificates from the teaching bodies that the student has taken three full courses of lectures at an approved school before he can take his licentiate examinations.

The Western schools, if they will unite and co-operate to that end, by advancing their own grade and securing the necessary legislation in all the Western states, will soon compel the Eastern colleges to come up to their standard, or to draw their classes from among Eastern students alone, and be obliged to find openings for them all at home after graduation.

Sr.

MEETING OF THE RAMSEY COUNTY
(ST. PAUL) MEDICAL SOCIETY.

ST. PAUL, Minn., May 3, 1881.

A meeting was held on Monday evening April 25, the president, Dr. Leasure in the chair. Dr. Chas. A. Lee read a lengthy paper upon the Use of the Obstetric Forceps. The paper being before the society, Dr. C. H. Boardman opened the discussion by enquiring what were the most influential factors in the production of post-parturient vesico-vaginal and recto-vaginal fistulæ.

He said that there was much divergence of opinion amongst authors as well as physicians as to the relative share due to pressure, and to the forceps. A number of the members participated in the discussion and the conclusion was reached that the forceps when applied with ordinary care and skill were never responsible for this unfortunate accident. Dr. A. E. Senkler remarked that it was well known that such fistulæ do not make their appearance for from four to ten days subsequent to labor and that the two chief factors in their causation were long continued pressure, by the child's head, upon certain exposed soft parts of the mother, destroying the vitality of the tissue, as by local gangrene, and from an over distended bladder, causing paralysis of this viscus.

Dr. Francis Atwood made a report of a case of severe injury of the eye, resulting from a chip of steel entering that organ. It was cited as a representative of many such cases tending to illustrate the even wonderful reparative power the eye possesses, following even severe injuries. While the patient was hammering upon a chisel, a chip weighing five grains flew off, and penetrated the interior of the ball where it remained imbedded, and caused an evacuation of a portion of the aqueous humor. The wound was in the sclerotic coat and three lines from the outside edge of the cornea. An operation was made by cutting down on the foreign body and removing it. Sight was completely restored. The patient was present and the eye examined by members of the society.

Dr. Talbot Jones read a paper on Røtheln or Rubeola notha, which he said was at the present time prevailing as an extensive epidemic throughout the state. He stated that there were at the present time some five hundred cases in St. Paul. The disease is mild, slightly febrile, ushered in by a mild catarrh of the eyes, nose and

throat, and characterized by an eruption, which usually appears upon the first day, and which looks amazingly like the eruption of measles. Rötheln combines in itself many of the symptoms of both scarlet fever and measles, but is much less severe than either of them. Adults and children are equally liable to contract the disease. Former attacks of scarlet fever or measles confers no immunity from an attack of rubella notha. It usually runs its course in from three to four days, and rarely confines the patient to bed.

Dr Alexander J. Stone recently reported an operation for ovariectomy. The patient's age was forty-one years. The tumor was first noticed five months ago. Its increase in size since has been very rapid. The diagnosis made, just prior to the operation, was an oligocyst with slight adhesions in the left iliac region and pelvis. The prognosis, without an operation, was death in three months. The operation for removal was made April 24. After the peritoneal cavity was opened, extensive adhesions were found anteriorly and superiorly, with few posteriorly and inferiorly. The cyst tapped, a dark serum escaped. The sac was inflamed and rotten, breaking down under the hand. The pedicle, four inches wide and six inches long, included all the broad ligament. This was secured by four silk ligatures and the actual cautery was also employed. The pedicle was then dropped back into the pelvic cavity. The opposite ovary was slightly atrophied. Only a moderate amount of hæmorrhage followed the operation. Five bleeding points on the surface of the peritoneum were ligated, and the cavity thoroughly sponged. The tumor when removed weighed forty-six and a half pounds, five pounds being solid. The abdominal cavity was left open until all oozing had ceased. The wound was then closed by deep and superficial stitches. In the operation every antiseptic precaution was observed, even to the minutest detail. At this writing, seven days subsequent to the operation, the patient is doing finely and promises to recover, the temperature and pulse both being normal.

Dr. Chas. A. Wheaton spoke of the antiseptic method of treating wounds, the subject being suggested by the precautions used by Dr. Stone in his operation. He remarked that he had seen this system faithfully tried in the Massachusetts General Hospital while he was a member of the house staff, and had also had some ex-

perience since in private and hospital practice. He thought the advantages claimed for it, were exaggerated. He said that during the past week he had made Chopart's operation and also an amputation of the thigh. In one operation he used antiseptic precautions, in the other, treated the wound in the ordinary manner. It seemed to him that the case treated in the latter manner had progressed the more favorably of the two and healed the more kindly. Dr. Jones exhibited a scirrhus tumor which he had removed from the breast of a lady, aged sixty-two years. The tumor was of seven years' duration. The lymphatic system was not involved. The entire breast was removed with the neoplasm.

TALBOT JONES, M. D., Secretary.

BELLEVUE HOSPITAL REPORTS—QUEBRACHO IN DYSPNŒA OF PULMONARY, CARDIAC, AND ANEURISMAL ORIGIN.

NEW YORK, May 10, 1881.

The trial of Quebracho as a remedy for dyspnœa has been sufficiently extensive in Bellevue Hospital to warrant some conclusions regarding its use. As is well known, this remedy was first introduced into Germany from Brazil, on the supposition that it was allied to quinine in its medicinal effects, but was found to have no antipyretic or antiperiodic qualities. It was about to be discarded, when an accidental discovery of its peculiar power in relieving dyspnœa again brought it into notice. It was largely used in Germany last summer, and during the present winter has been tested in the hospitals of New York. The preparation in use is an alcoholic fluid extract of the bark of the Quebracho in doses of from ℥xx to 3j. The following cases, recently seen in Bellevue Hospital, illustrate its efficiency in certain cases of dyspnœa:

CASE 1. EMPHYSEMA—CHRONIC BRONCHITIS—ASTHMA. The patient, an old man, gives a history of cough with white and yellow expectoration, and shortness of breath increased by exertion, dating back several years. For the past two years he has suffered from sudden attacks of dyspnœa, occurring at first at night only, but more recently becoming so frequent as to distress him during the day. During the past winter his cough has increased in severity, and the shortness of breath has become so constant as to prevent his doing any work. He complains of paroxysms of

dyspnoea, coming on without regularity, and accompanied by wheezing sounds in his chest. He has lost flesh, has a poor appetite, digestion is imperfect and bowels irregular. Physical examination shows emaciation and general venous congestion of the surface. The chest is barrel-shaped, percussion indicates an emphysematous condition of the lungs, and auscultation shows the presence of bronchitis as well, sonorous, sibilant and mucous râles being heard over the upper part of both lungs. Heart sounds are normal. The patient is suffering from dyspnoea, his respirations being rapid and labored. Urinary examination is negative. The patient was put upon the use of fluid extract of Quebracho $\mathfrak{M}_{xxx}$ every four hours. During the following week the shortness of breath was gradually relieved, so that at the end of seven days the patient did not suffer at all from dyspnoea while at rest. The improvement was very marked during the first two days. The patient had three attacks of asthma at night during the first week after admission. Each attack was promptly treated with the drug and speedily relieved, each succeeding attack being less severe and distressing than the one preceding it. During the second week of his stay in the hospital there was but one slight paroxysm of dyspnoea, and the constant shortness of breath had entirely disappeared, the patient being able to walk about and attend to minor duties in the ward without suffering. During this time the dose was decreased in frequency, the patient getting $\mathfrak{M}_{xxx}$, t.i.d. At the end of fifteen days patient had improved in flesh and strength; his cough had become less distressing under appropriate treatment, and as the dyspnoea had disappeared, he returned to his work.

CASE 2. CHRONIC BRONCHITIS—ASTHMA. History very similar to that of Case 1. Attacks of asthma which have proved obstinate under other methods of treatment, have been speedily relieved by the fluid extract Quebracho, in dose of $3j$, at the commencement of the attack. The attacks are decreasing in severity, and occur less often than when the patient was admitted. This case is still under treatment.

CASE 3. CHRONIC NEPHRITIS—DYS-PNŒA. The patient, a middle-aged male, had been sick six weeks before admission, After exposure to cold he was suddenly attacked with pain in the head, nausea and vomiting, and in a few days his feet and legs

became œdematous. At this time he noticed a decrease in the amount of his urine, and thinks that it was bloody. In the course of three weeks the patient had developed a condition of general anasarca, with occasional gastric disturbance, continual headache and sleeplessness. This condition remained on admission. His urine was scanty, only sixteen ounces being passed in the twenty-four hours succeeding admission; it contained forty per cent. of albumen, specific gravity 1014; microscopical examination showed epithelial and fatty casts. Patient complained much of shortness of breath, which he said had been present for three weeks. Physical examination was negative, the heart and lungs being normal. The patient was put upon the use of diuretics, with the effect of increasing the amount of urine passed daily, and gradually decreasing the general anasarca. The dyspnoea was not affected by these remedies. He was accordingly given fluid extract Quebracho, $\mathfrak{M}_{xl}$, every three hours. This seemed to relieve the dyspnoea promptly, and in the course of three days the drug was discontinued, as it was no longer necessary. There was no return of the dyspnoea. Under diuretic, diaphoretic and purgative treatment, the general anasarca was reduced, and the strength of the patient being improved, he was discharged in the course of six weeks. The urine at the time of his discharge was passed in normal amount, but still contained some albumen, and fatty and granular casts.

CASE 4. CHRONIC NEPHRITIS—GENERAL ANASARCA—DYS-PNŒA. Patient, a girl, aged twenty-one, was suffering greatly from dyspnoea on admission to the hospital. She gave a history of chronic nephritis. Examination showed the presence of general anasarca and of fluid in the pleural cavity. While preparation was being made to aspirate, one dose of fluid extract Quebracho, $3ss$, was given, with the result of relieving the dyspnoea decidedly. The withdrawal of a considerable amount of serous effusion from the pleural cavity entirely relieved the dyspnoea, which has not returned. No further use of the drug has been made in the case.

CASE 5. ANEURISM OF THE ASCENDING ARCH OF THE AORTA—DYS-PNŒA. H. G., aged forty-three, a native of the United States. Patient had a chancre in 1870. In 1872 he began to suffer from paroxysms of dyspnoea, which occurred rarely and were

not severe. These have, however, increased in frequency, and for the past six months the shortness of breath has been constant. For the past three years he has suffered from irregular attacks of precordial pain, which are brought on by any exertion. On admission he complained of great dyspnoea, pain in the heart, palpitation, and debility. Physical examination showed an hypertrophied heart and the presence of an aneurism of the ascending arch of the aorta. The patient was put upon increasing doses of potassium iodide till gr. xxx, t. i. d., was being taken. For one month after admission this treatment was continued, the dyspnoea being unrelieved. Symptoms of iodism having appeared, the potassium iodide was stopped. The dyspnoea then began to increase, and to give the patient much discomfort. Fluid extract Quebracho, ℥ xxx, was therefore given every three hours. After the second dose the patient felt much easier, breathing less rapidly and without difficulty. In the course of two days the dyspnoea had entirely disappeared, and the drug was stopped. Three days subsequently the dyspnoea returned, but was entirely relieved again in the course of two days by the use of Quebracho. This action of the drug has been demonstrated a number of times in this case, attacks of dyspnoea being relieved, but returning when the effects of the drug has worn off. The case is still under observation.

CASE 6. MITRAL REGURGITATION — GREAT DYSPNOEA. Patient gave a typical history of mitral regurgitation, and auscultation revealed the characteristic murmur. On admission the most urgent symptom was the dyspnoea, which was at once relieved by fluid extract Quebracho, ℥ xl. The remedy has been continued every three hours, and the patient at the end of one week no longer suffers from dyspnoea. The action of the heart has been made more regular and forcible by the use of digitalis.

It will be seen that in most of the cases mentioned, the relief of the dyspnoea can be ascribed directly to the use of the drug. The manner in which it acts is still a matter of conjecture. The most satisfactory explanation is that the drug increases the power of the red blood corpuscles to assimilate and carry oxygen to the tissues. This theory has its foundation in the fact that if Quebracho be added to venous blood, the mixture be shaken in the air and then exposed to carbonic acid gas, the bright red color will remain some time longer than it

will in blood so treated, which has not been mixed with Quebracho. If this is the action of the drug, the explanation of its success in all the cases mentioned is not difficult. But the fact that repeated trials have made it evident that in the dyspnoea occurring in pneumonia and in advanced stages of phthisis, Quebracho has no effect, seems to throw some doubt upon this theory, and further experiments are needed to determine its precise mode of action. The active principles of the bark are said to be two, which have been named respectively Quebrachine and Aspidospermine, the former being in larger proportion than the latter, and probably the alkaloid to which its properties are due. Experiments with the alkaloid are as yet wanting. The use of the drug is not confined to hospitals. It is now extensively employed in this city in private practice, more especially in cases of asthmatic dyspnoea, in which it seems to have obtained a deservedly high reputation. Cases of aneurism and nephritis, in which the dyspnoea has been relieved by Quebracho, have been recently seen in the New York Hospital, and the results have been similar to those obtained in Bellevue. The drug certainly merits a fair trial by the profession at large.

INEBRIATE ARITHMETIC.—The Journal of Inebriety, April, 1881, indulges in some figures respecting the etiology of progressive paresis. It finds that out of every hundred, twelve cases will be caused from accidental causes; seven from heat or sun-stroke, and eighty-nine from alcohol. As twelve, seven and eighty-nine make just one hundred and eight, the arithmetic of the Journal of Inebriety seems to require a little explanation, as it partakes rather of the style of computation adopted by the worshippers of Bacchus.

THE MILITARY TRACT MEDICAL ASSOCIATION at its May 11, 1881 meeting, elected Dr. G. C. Babcock of Galva, President, Dr. M. Reece of Abingdon, Vice President, and Dr. B. S. Peck of Galva, Secretary and Treasurer.

DR. DESPRÈS has recently reported two cases of the communication of syphilis by the use of razors.

REVIEWS.

A TEXT-BOOK OF HUMAN PHYSIOLOGY.
By Austin Flint, Jr., M. D. Third edition; revised and corrected. D. Appleton & Co., New York, 1881.

The importance of physiology in medical education, and the enormous strides made by this science within the last decade, should cause the profession to exact a high standard of any text-book appearing on this topic. The reputation of Dr. Flint as a teacher led us to look for a merit in his text-book fully corresponding to the elegant garb and the size of the volume, (pp. 950), in which it appears. We are sorry to state that our anticipations have not been realized. The diction of the book, while generally clear, is by no means graceful, but often requires repeated perusal to be remembered. In the arrangement of the separate topics, the author anticipates frequently the contents of subsequent chapters, thereby introducing needless repetitions. The description is not impressive; the greater or minor importance of the facts related is not sufficiently pointed out. Moreover, and this we deem a condemning fault, the author does not exercise enough criticism. Careless publications are sometimes opposed by him to thorough, conscientious work, while the methods do not receive a sufficient description to enable the reader to exert his own judgment properly. Experiments, indeed, are quoted in their places, as they should be, but very often the description of the experiments savors of the scientific anecdotes to be found in popular works. In many places old observations are quoted, in the language of the original, which do not merit the space allotted to them. The judgment displayed in the work is not uniform. Many older authors receive more justice than they can claim in a text-book for students, while omissions occur, on the other hand, which are inexcusable. The author's acquaintance with the older French literature is much more thorough than his familiarity with the modern German school. Lastly, we object decidedly to the Flint's reverence for authorities and their opinions. What the students want is not to know what this or that man thinks, but which are the facts and how they are obtained. In order to justify these grave charges, the reader must allow us to take up somewhat in detail at least, some of the chapters.

The introductory chapter on the blood is

particularly deficient. The estimation of the quantity of blood, (p. 3) according to the colorimetric method of Welcker, is not referred to, although the method is the only accurate one, nor are the results stated. In the enumeration of blood-corpuscles the more convenient apparatus of Hayem is not mentioned. (p. 19). The crenate form of red corpuscles is called a post-mortem change, and addition of a liquid of the proper density is said to restore the original shape, which is not true. Since attempts are made everywhere to introduce the metric system into medicine, its application, especially to micrometry of the blood, ought to be found in a physiology. The genesis of red corpuscles is described according to older observations only, no mention is to be found of the rôle of bone-marrow, nor of Hayem's, Rindfleisch's, Kölliker's and others' researches on hæmatoblasts. In the description of leucocytes we find a resurrection of dead views on the formation of cells in a blastema. The fact that Onimus' observation on the origin of leucocytes in blisters, etc., can be explained naturally by the migration of cells, is not hinted at. In stating the number of white corpuscles Flint does not refer to the important fact that most enumerations are false, on account of the rapid disintegration of these corpuscles on leaving the vessels. The chemistry of hæmoglobin (haemaglobine?) is insufficient, not even the composition being stated, but the old unproven tradition of the existence of ozone in the blood is given as a fact, while no methods are quoted by which the facts can be established. Schmidt's researches on the origin of fibrin are slighted in a few words, the author preferring to claim total ignorance as regards the coagulation of blood rather than to state the facts known, complicated though they be. Brücke's observations on the rôle of the vascular endothelium in the prevention of clotting, are passed over in almost complete silence.

The physiology of the heart is better written and more thorough. Still it should not be mentioned that the cardiac impulse is due to "striking" of the heart against the chest wall (p. 43). This alleged "striking" is likewise not one of the factors of the first sound of the heart (p. 51). While the mechanical phenomena are fairly described, the innervation of the heart is neglected in a pitiable manner. The influence of the sympathetic nerve is barely referred to, but doubted by the author. In fact, the way

in which Flint mentions this and occasionally similar instances, about which the student can get full and positive information in a text-book like Foster, while Flint deigns to question the significance of the researches without stating them, reminds the reviewer of an anecdote. A sub-lieutenant in the German army, while instructing recruits, explained that the projectile from a gun fell to the ground partly on account of its weight and partly on account of the attraction of the earth, but he didn't believe in the latter explanation. The action of the pneumogastric nerve is described very meagrely, many important details being omitted. No reference is to be found to the action of drugs, like atropine, on the nerves of the heart, while the ganglia are pushed away, so to speak, with a feeling of disdain. In the previous chapter, on the nutrition of the heart-muscle, the author displays a remarkable ignorance of the existence of the Leipzig laboratory and of the work done there on irrigation and nutrition of the excised heart, and properties of the cardiac muscle.

In the treatment of the circulation we again encounter some peculiarities not calculated to improve the value of the book to students. The author announces some singularly naive views on the applicability of the hæmadynamometer. In the entire chapter on blood-pressure we are not told, however, what to understand by that term, and in considering the influence of various conditions on the pressure, the mechanical description is not precise enough. The graphic method, for instance, the use of the kymographion, the very pride of physiological methods, is omitted in silence. The description of the capillary circulation is very good, but the existence of capillary contractility is not referred to. In the discussion of the stoppage of the capillary flow during asphyxia, the student is, however, led to entirely false inferences, the rôle of the vaso-motor system not being pointed out. In fact, this important subject, the vaso-motor system, is altogether slighted in its proper place, a few words, in a spirit of charitable accommodation, being accorded to it later on. The term vaso-dilator nerve, does not occur in the entire treatise.

Our space does not permit us to take up the rest of the book with the same minuteness. We can only point out the most glaring defects. The chapter on respiration is, on the whole, quite instructive, though many of the minor discoveries of

recent times are not there. The influence of the nervous system is, however, altogether imperfectly rendered, while Flint ascribes to his experiments on the cause of respiration, an importance which they do not deserve in view of the older observations of Rosenthal, Traube, and Pflüger and his pupils. In the chapter on alimentation, the author begins with starvation, but forgets to tell us a good deal which recent researches on tissue-change have taught, but makes up for it by details in the chemistry of food, of which it may be said that there is not enough to live and too much to starve on. Starch, by the way, is not turned into glucose by ferments (since 1877). Whether the mere chemistry of saliva (not quite complete, moreover), could not have been disposed of in less than *nine* full pages, we will leave an open question! Digestion, as well as all other parts of the book, is presented entirely in the light of older researches. All discoveries made within the last five to ten and often fifteen years, are deemed too recent to be introduced, no matter how important. Bearing this in mind, and the proofs can be found in every paragraph, it does not seem necessary to follow any further through the book, still the reviewer cannot resist pointing out such a striking anachronism as the production of a text-book on physiology in 1881 which does not speak of the influence of the nerves on the secretion of sweat. In the presence of such brilliant faults, it seems useless to mention that the chemistry of the urine is imperfectly dealt with, or that the regulation of animal temperature is not plainly described, and that the influence of the nervous system on temperature is forgotten. To expect details of muscular physiology, the most perfect of all physiological topics, would hence be an absurd presumption. These different disappointments have enabled us by this time to glance at the chapter on the spinal cord with resignation, although we fail, of course, in finding reference to Flechsig's (or, even, to Charcot's and Pitres') epoch-making researches on the development of the different strands, or to Ludwig and Woroschiloff's (or Miescher's or Ott's) experiments on different columns. But when we turn over the pages on the cerebral hemispheres and find no mention of the names Fritsch and Hitzig, and Ferrier, in the year A.D. 1881, and not a word about cerebral localization, we must close this review without further notice.

The most inveterate Frenchman could not have slighted in a more ostentatious manner, the German additions to knowledge of the last twenty years, although we must grant Dr. Flint the impartiality of not having ignored German literature alone. The plates are generally good, and the anatomical descriptions fair as far as they go, but text-books on histology are plentiful and good. We are sorry to be forced to say that the only praise which can be accorded, applies to anatomical descriptions out of place in a text-book on physiology. The fact that some of our cotemporaries (Philadelphia Medical Times) have printed favorable notices of Flint's text-book exceeds our powers of comprehension.

LECTURES OF DISEASES OF THE NERVOUS SYSTEM especially in Women, by S. Weir Mitchell M. D., Member of the National Academy of Sciences; Physician to the Orthopædic Hospital and Infirmary for Diseases of the Nervous System; Fellow to the Philadelphia College of Physicians; Member of the New York Academy of Medicine; Associate Fellow of the New York Academy of Medicine; Associate Fellow of the American Academy of Arts and Sciences of Boston; Honorary Member of the State Medical Societies of New York, New Jersey Maryland and Connecticut; Honorary Member of the British Medical Association; Honorary Member of the St. Andrews Medical Graduates' Association; Foreign Associate of the Royal Medical Society of Norway. Author of a Treatise on Injuries of Nerves, etc., etc. H. C. Lea's Son and Co. Philadelphia, 1881.

This book has evidently owed its existence to the prevailing mania among certain neurologists for the study of hysteria, excited chiefly by the results of Charcot. It is interesting, and well written, but displays neither deep reasoning nor exact pathological nor semeiological detail. In many respects the book is an amplification of the author's lecture on "Rest in the Treatment of Disease" in the Series of American Clinical Lectures. While it will not greatly enhance the author's reputation, as it bears evidence of being a rather dilettante production, it will furnish interesting reading and will doubtless sell well. The publishers have issued it in rather good style, for them, but which does not approach in excellence the work of other less known firms.

BOOKS AND PAMPHLETS.

William Henry Day, M. D., 10 Manchester Square, London, England. The Diseases of Children; a Practical and Systematic Work for Practitioners and Students. Second Edition. Rewritten and much enlarged. Philadelphia: Presley Blakiston, 1881; W. T. Keener, Chicago.

Roberts Bartholow, M. A., M. D., LL.D., Philadelphia, Pa., On the Antagonism between Medicines and between Remedies and Diseases. Being the Cartwright Lectures for the year 1880. New York: D. Appleton & Co., 1881; Jansen, McClurg & Co., Chicago.

C. E. Page, M. D. How we Fed the Baby to make her Healthy and Happy, with Health Hints. New York: Fowler & Wells, 753 Broadway, 1881; Jansen, McClurg & Co., Chicago.

James Tyson, A. M., M. D., Philadelphia, Pa. A Treatise on Bright's Disease and Diabetes, with especial reference to Pathology and Therapeutics. With illustrations, including a section on Retinitis in Bright's Disease by William F. Norris, A. M., M. D., Philadelphia, Pa. Philadelphia: Lindsay & Blakiston, 1881; Jansen, McClurg & Co., Chicago.

Superintendent of Census, Washington, D. C. Census Bulletins Nos. 119, 120 and 121.

G. M. B. Maughs, M. D., St. Louis, Mo. Constitutional Syphilis; a Critic Criticized. Reprinted from the St. Louis Medical and Surgical Journal, May, 1881.

J. Adams Allen, M. D., Chicago, Ill. Progress in Medical Education; being the Doctorate Address at the Thirty-Ninth Annual Commencement of Rush Medical College, February 22, 1881.

John P. Gray, M. D., Utica, New York. Thirty-Eighth Annual Report of the Managers of the State Lunatic Asylum, Utica, New York, for the year 1880. Transmitted to the Legislature January 14, 1881.

I. T. Talbot, M. D., Boston, Mass. Report of the Bureau of Organization, Registration and Statistics to the American Institute of Homœopathy, at the Session held in Milwaukee, June 15, 1880.

George M. Beard, M. D., 161 Madison ave., New York, N. Y. Trance and Trancoidal States in the Lower Animals. Reprinted from the Journal of Comparative Medicine and Surgery, April, 1881.

James I. Tucker, M. D., 50 Thirty-fifth st., Chicago. Lord Beaconsfield and his Physicians. Reprinted from the Chicago Medical Journal and Examiner, May, 1881.

L. H. Rogers, 75 Maiden Lane, New York, N. Y. Bird's Eye Views.

C. H. Hughes, M. D., St. Louis, M. D. Clinical Notes Illustrative of Consciousness in Epilepsia. Reprint from the Alienist and Neurologist, April, 1881.

MORTALITY IN CHICAGO FOR APRIL, 1881. POPULATION, CENSUS 1880, 503,298
Oscar C. DeWolf, M. D., Commissioner of Health. M. K. Gleason, M. D., Registrar of Vital Statistics.

ZYMOTIC DISEASES.		Marasmus—Senile.....	2	ORDER 3—Respiratory.	Abscess—Leg.....	1	
ORDER 1—Miasmatic.		Marasmus—Infantile.....	10	Asthma.....	Ulcer—Leg.....	1	
Cholera—Infantum.....	12	Rheumatism.....	5	Bronchitis.....	DEVELOPMENTAL.		
Croup.....	25	ORDER 2—Tubercular.		“ Capillary.....	ORDER 1—Children.		
Diarrhœa.....	9	Caries of the Vertebrae....	2	Congestion—Lungs.....	Atelectasis Pulmonum...	1	
Dysentery.....	3	Hydrocephalus.....	2	Laryngitis.....	Cyanosis.....	2	
Diphtheria.....	40	Hæmoptysis.....	3	Edema Lungs.....	Congenital Deformity...	1	
Entero-Colitis.....	2	Phthisis Pulmonalis.....	116	Pneumonia.....	Congenital Debility.....	14	
Erysipelas.....	6	Rachitis.....	1	Pneumonia—Broncho.....	Dentition.....	3	
Fever—Cerebro-Spinal...	40	Tabes Mesenterica.....	1	Pneumonia—Pleuro.....	Tedious Birth.....	1	
Fever—Intermittent.....	3	Tubercular Meningitis..	8	ORDER 4—Digestive.		Unbilical Hæmorrhage..	1
Fever—Remittent.....	2	LOCAL.		Abscess—Liver.....	ORDER 2—Women.		
Fever—Scarlet.....	23	ORDER 1—Nervous.	14	Cirrhosis—Liver.....	Abortion.....	1	
Fever—Typhoid.....	10	Apoplexy—Cerebral.....	1	Colic.....	Hæmorrhage, Post-Partum	2	
Fever—Typho-Malarial...	3	Abscess—Brain.....	1	Dyspepsia.....	Puerperal Convulsions...	2	
Measles.....	9	Cerebritis.....	1	Enteritis.....	Puerperal Peritonitis...	12	
Pyæmia.....	1	Congestion—Brain.....	4	Enteremphraxia.....	ORDER 3—Old Age.		
Quinsy.....	2	Convulsions—Infantile...	80	Fatty Degenera'n of Liver.	Debility—Senile.....	11	
Septicæmia.....	4	Convulsions—Hysterical.	1	Gastritis.....	ORDER 4—Nutrition.		
Small-Pox.....	31	Chorea.....	1	Gastro-Enteritis.....	Asthænia.....	2	
Whooping Cough.....	11	Encephalitis.....	9	Hernia.....	VIOLENCE.		
ORDER 2—Ethereal or Inoc-		Epilepsy.....	1	Hepatitis.....	ORDER 1—Accident.		
ulated.		Exhaustion.....	1	Intussusception.....	Burned.....	1	
Syphilis—Tertiary.....	2	Hemiplegia.....	1	Icterus.....	Crushed.....	1	
Syphilis—Congenital.....	4	Hydrocephalus—Acute...	6	Lymphatitis.....	Drowning.....	4	
ORDER 3—Dietetic.		Laryngismus Stridulus...	2	Peritonitis.....	Exposure.....	2	
Alcoholism—Chronic.....	4	Prog. Locomotor Ataxia...	1	Stricture—Æsophagus...	Fracture—Skull.....	2	
“ Delirium Tremens...	1	Meningitis—Cerebral...	29	Stomatitis.....	Scald.....	2	
Scurvy.....	1	Meningitis—Spinal.....	4	Ulceration—Stomach...	Shock from R.R. Accid't..	14	
ORDER 4—Parasitic.		Neuralgia.....	1	Ulceration—Bowels.....	“ Surg. Operat'n...	1	
Aphthæ.....		Paralysis.....	10	ORDER 5—Urinary.		Suffocation.....	2
CONSTITUTIONAL.		Paralysis—Heart.....	2	Bright's Disease.....	Wound by fall.....	3	
ORDER 1—Diathetic.		Paralysis—Lungs.....	1	Cystitis.....	Poisoned—Strychnia....	1	
Anæmia.....	1	Softening of Brain.....	3	Diabetes.....	ORDER 2—Homicide.		
Cancer.....	2	ORDER 2—Circulatory.		Nephritis.....	Manslaughter.....	1	
Cancer—Breast.....	2	Angina Pectoris.....	2	ORDER 6—Generative.		ORDER 3—Suicide.	
Cancer—Jaw.....	1	Embolism.....	1	Metritis.....	Gunshot.....	1	
Cancer—Liver.....	1	“ Pulm. Artery..	1	Metro-Peritonitis.....	Poison—Arsenic.....	1	
Cancer—Larynx.....	1	Endocarditis.....	2	ORDER 7—Locomotory, Osseous.		“ Narcotic.....	1
Cancer—Mesentery.....	1	Heart—Organic disease..	10	ORDER 8—Locomotory, Integumentary.		Ill Defined.....	1
Cancer—Æsophagus.....	1	Heart—Valvular Disease..	7	Synovitis.....	Abscess—Pelvic.....	1	
Cancer—Stomach.....	4	Heart—Fatty Degenera'n	2	Total Deaths.....		984	
Cancer—Vagina.....	1	Heart—Hypertrophy.....	2				
Dropsy.....	2	Pericarditis.....	4				
		Syncope.....	1				

WARDS.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	Public Insti-tut'ns.	Total.
Small Pox.....					2	2	2							1	5	4			15	31
Measles.....		1			1	1			1					5						9
Scarlatina.....		1		3			4	3	1		1	3		4			2		1	23
Diphtheria.....		2	1	3	4	3	3	3	4	1	2	1	1	8	3		1			40
Croup.....		1	1		4		1	1	2	2	1	1		5	1		3			25
Whooping Cough.....					2		4	2			1			1	1					11
Fever—Typhus.....																				0
“ Typhoid.....		1			1	2	1		1					1	1		2			10
“ Cerebro-Spinal....	1				3	5	3	5	3	3		2	3	8	2		1	1		40
“ Malarial.....				1	1		1		1			1	2	1						8
Diarrhœal Diseases.....				3	1	3		3	4		2	3	1	2			2		2	26
Other Zymotic Diseases..	1	2	2	3	3	3	2	4	1	2		2	3	2	1			3	12	46
Totals.....	2	8	4	13	22	20	21	21	17	8	8	13	11	38	14	4	11	4	30	269
Phthisis Pulmonalis.....	3	8	3	1	8	8	3	14	2	7	5	2	4	19	5	5	5	3	10	115
Acute Lung Diseases,...	4	11	2	3	14	14	14	12	8	7	7	4	5	25	5	6	6	4	4	155

Wards	Popula- tion.	Density per Acre.	Deaths under 5 yrs. of age.	Total Deaths in Ward	Deaths in 1,000 of Popu't'n.	Wards	Popula- tion.	Density per Acre.	Deaths under 5 yrs. of age.	Total Deaths in Ward	Deaths in 1,000 of Popu't'n.
1	14,765	30.78	4	11	....	12	27,914	12.59	14	37	1.33
2	20,099	51.00	17	39	1.94	13	20,857	14.58	14	32	1.53
3	16,798	38.31	7	21	1.25	14	56,534	18.37	80	134	2.37
4	28,102	26.26	17	37	1.32	15	28,863	33.29	32	60	2.10
5	47,500	16.50	39	80	1.69	16	23,771	44.52	16	33	1.39
6	40,890	9.78	42	73	1.78	17	24,676	64.42	19	36	1.47
7	37,457	26.69	31	59	1.58	18	22,331	40.37	10	28	1.25
8	37,146	57.68	37	76	2.05	Public institutions...		30	79	....	
9	17,477	60.35	21	44	2.51	By violence.....		3	40	....	
10	15,754	60.61	13	34	2.16	Unknown.....		..	1	....	
11	22,364	38.95	16	30	1.34	Total.....		—984			

AGES.							
Under 5 years.....	462	From 4 to 5 years.....	28	From 40 to 50 years.....	80	From 90 to 100 years.....	2
Under 1 year.....	277	“ 5 to 10 “.....	62	“ 50 to 60 “.....	59	100 years and upwards..	1
From 1 to 2 years....	76	“ 10 to 20 “.....	63	“ 60 to 70 “.....	59	Unknown.....	2
“ 2 to 3 years.....	50	“ 20 to 30 “.....	94	“ 70 to 80 “.....	27		
“ 3 to 4 years.....	31	“ 30 to 40 “.....	74	“ 80 to 90 “.....	8	Total.....	984

COMPARATIVE MONTHLY MORTALITY.—Apl., 1879, 592; Apl., 1880, 885; Mar., 1881, 874; Apl., 1881, 984
Premature Births....11. Still Births.....1. 1,955 deaths in 1,000. Annual rate per 1,000, 23.46.

Chicago Medical Review

PUBLISHED ON THE FIFTH AND TWENTIETH OF THE MONTH.

E. C. DUDLEY, EDITOR.

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THE STATE MEDICAL SOCIETY.—The circumstances attendant upon the annual meeting of this society are such, as, in a great measure, disarm criticism. While a strict regard to parliamentary law was lacking at the late meeting, which led to premature adjournment and resulted in disregard of important matters, still this condition of things is due to imperfect organization, incident to infrequent meeting and migratory habits. Many of the papers presented were excellent, some of them being among the oldest and most approved productions read from time to time during the past year before the various Chicago societies. In this connection, however, it may be said that the enthusiasm and attendance of these local societies do not commonly rise to that level, which would materially impair the novelty of any communications brought before them. Also the frequent presentation of papers before these bodies by reason of the hostile criticism there encountered, and as they are therefore kept longer in the minds of their authors, may finally render them more acceptable to the great body of the State Society. The various committees are to be congratulated on the fact that the wire pulling in their formation was more subdued than is usual on such occasions. The meeting in its minor object, namely, the social, was a success. Its scientific value could not be

called absolute. Perhaps it should be termed relative. One object of a state society is to bring the scattered members of the profession into intimate relation once a year, to create a sentiment of fraternity, which tends to lighten the daily labors of the physician, and does more for the benefit of science by the brisk buoyant feeling it engenders, than by the pseudo-scientific productions which weigh down the volumes of its transactions.

PECCAVIT.—The most vigorous and inspiring speech at the State Society banquet was that of Dr. N. S. Davis, so often called the father of the American Medical Association. One of his references appeared specially, and perhaps unnecessarily directed to the Review. It was a very gentlemanly exception taken to a recent editorial on the unscientific attitude of, and the ring element in the American Medical Association. This part of his remarks could not have been considered with his usual care. He said that the writer of the objectionable editorial never attended a meeting of the American Medical Association, and thereby implied that these statements about the ring element must be unfounded. The attendance or non-attendance of the writer could in no way bear on the question, since the existence or non-existence of ring rule could be just as certainly ascertained by a non-attendant as by

a constant attendant. Moreover the statement that he had never attended a meeting was not supported by knowledge of the facts, and was erroneous. Indeed, Dr. Davis appears to have been in error on every one of his alleged facts touching the editorial in question. It is difficult to comprehend how Dr. Davis reconciles his belief that no ring exists, with the well known disappointment which he has for years experienced in the cause of educational reform. One man, moving in the right direction and as determined as Dr. Davis, can usually carry with him a mass of reasonable men, if they are not unduly influenced in another way. Since with his honesty and earnestness of purpose, he fails to secure any respectable endorsement of his position in medical education from this body, it becomes obvious that some opposing force is at work, that it is an element in the Association and that it is well organized. Now a well organized opposition to any needed reform is the work of a ring. Clearly in the eminently charitable mind of Dr. Davis certain disparaging facts are not uppermost. Perhaps, however, some one who has never attended a meeting of the American Medical Association could speak with quite as much freedom from prejudice as the doctor or the Review, on this question.

ADDRESSES OF WELCOME.—That formal distress, the address of welcome, which is generally the most unwelcome effort connected with the meeting of a State Society, and which, throughout its usual one to two hours' duration, often contains not a word of welcome, was admirably managed on the occasion of the last meeting of the Illinois State Society, by Dr. James Nevins Hyde, whose short and well considered remarks of greeting to the delegates should be studied by any gentleman who may hereafter contemplate the substitution of a windy harangue, in the place of a few appropriate words upon such an occasion, as he may thereby gain much in reputation as a concise pithy orator.

THE PRESIDENT'S ADDRESS.—If we were allowed one word of criticism, it would be that the President of the State Society at the last meeting, attempted to cover too much ground, and the attempt was less a success than the occasion demanded. His address was so long as to be a little tiresome, and so much on the margin of things as to be not clearly comprehensible. What the Review would say is, not that it was not at all adapted to the occasion, but that it was not remarkably well adapted. It was rather a loose consideration of the ethical, not ethical as indicated by the code, but the humanitarian, sophomoric ethical. Yet it was far from being obtrusively mediocre in many respects.

THE ARKANSAW DOCTOR.—The prospectus of a journal, calling itself the "Arkansaw Doctor," has been received. The Arkansaw Doctor apparently possesses three persons and two genders, as shown by the fact that the author of this brilliant brochure, the prospectus, designates the "Doctor" at first by the lofty autocratic editorial "we," then sinks to the humble "he," and finally to the menial "it." This very impersonal, or rather poly-personal journal claims to be, in a peculiar sense, the organ of the "country doctor." The "country doctor," for whom this wonderful specimen of English is to be the organ, must be rather a *rara avis*. He is not the country physician to be met with in a hundred villages, for that gentleman usually speaks and writes English correctly, and does not require an "organ" couched in the peculiar tongue that marks the "Arkansaw Doctor;" in point of fact, that gentleman does not require any special organ, being usually content with subscription to and perusal of, the best independent medical journal. The "Arkansaw Doctor" will soon (if ever he be born) it is to be feared, become one of the lost journals, since his claim to be the "organ" of the country doctor would prevent the acceptance of the subscriptions of the city doctors, were

they inclined to subscribe; while his peculiar English and confused gender would hinder the country physician from subscribing to such a dubious "organ." The country doctor, to judge from the cant usually indulged in about him, must be an apt confrère of the "busy practitioner" for, as the latter is supposed to read all sort of trash in the shape of books, the former is believed by sundry credulous advertisers, to be fed on such mental pabulum as the "Arkansaw Doctor." The "Arkansaw Doctor," as a literary curiosity and for reason of eleemosynary motives may have an occasional subscriber.

AIR AND EXERCISE.—A delicate, cadaverous looking young man walked into the office of one of our most successful physicians yesterday and asked for his advice. The doctor who was in a hurry, said, "Young man, all you want is sunlight, fresh air, and exercise. I do not need to be told that you have been doing too much of this miserable desk work, that you have been cooped up in a close poisoned office for years. I presume that you have not had a half day of exercise in the open air for months. "What is your business?" The patient not having had an opportunity to speak, up to this time, innocently replied: "I am a mail carrier, sir."

THE Georgia Medical Association at its April 20 and 21 meeting, elected Dr. W. F. Holt of Macon, President; Dr. Eugene Foster of Augusta, Vice-President; Dr. T. M. McIntosh, Thomasville, Second Vice-President; Dr. A. Sibley Campbell, Augusta, Secretary, and Dr. K. P. Moore, Forsyth, Treasurer. The next meeting will be held at Atlanta, April 19, 1882.

IOWA STATE MEDICAL SOCIETY began its annual session, May 25, 1881, at Dubuque, and an account of the proceedings of this meeting will appear in the next number of the Review. The meeting continued three days and was well attended, and its proceedings were interesting.

JOURNAL OF NERVOUS AND MENTAL DISEASE.—The April number of this journal is one of sterling value. It contains beside the usual Periscope, editorials, Review, etc., an interesting article on "Muscular Wasting Without Lesion of the Spinal Cord," by Dr. J. J. Putnam of Boston; a careful discussion on the "Physiology of the Spinal Cord," by Dr. G. B. Wood Field of Easton Pa.; Contributions to Psychiatry, containing a discussion of insanity as produced by rheumatism and heat, by Dr. Jas. G. Kiernan of Chicago; a valuable lecture by Dr. Gradle of Chicago, on the "Nervous Mechanism of Respiration." Dr. Fenger's paper on "Nerve Stretching" is one of the greatest value, both from a surgical and neurological standpoint. Dr. Jewell's article on the "Nature and Management of Headaches" is of such interest that it will well repay, not only perusal, but also careful study. Dr. Edward C. Spitzka, in the "Contributions to Encephalic Anatomy" successfully evolves light out of the darkness on many controverted anatomical points. The Journal is now fully abreast of any similar journal abroad and far superior to any at home.

THE BUSY PRACTITIONER.—There is a mysterious personage who makes his appearance in the review columns of the medical journals, who does not have time to read anything, and for whose special accommodation works are prepared of great brevity and conciseness, in which everything of importance is omitted. He is a very valuable creature to the reviewer, for he enables that impartial personage to "damn with faint praise" some work which the latter does not feel justified in commending. After a particularly severe review usually appears the redeeming sentence, "it is likely to be of value to the busy practitioner." The "busy practitioner" usually reads all sorts of trash, and to his notice is usually commended some book which the reviewer has been prevented from reading by the reputation of

the author, or has felt too lazy to peruse. He must be a much enduring creature, this busy practitioner, as his notice is frequently called to a book as particularly suitable for him, whose author has been all but called an idiot by the reviewer. It is unfortunate, however, that this personage is but seldom met with. The busy practitioner generally encountered has his wide circle of journals to peruse, and usually finds time to peruse the most extended text books. "The busy practitioner" of the reviewer is, however, a very useful creature, and if he does not exist, ought to, as he appears indispensable to the reviewer.

SPECIALOPHOBIA.—Perhaps the most interesting paper read May 18, from a literary standpoint, was that of Dr. Jackson on "Specialism in Medicine." Such at least, would appear to be the verdict of many of the members of the society whose eyes were closed in ecstasy over the literary treat offered them by Dr. Jackson. The doctor first wandered for some minutes over the regions along the Nile, and then, having constructed several very elaborate windmills, proceeded to demolish these. His position as regards specialism was thoroughly endorsed by the society, as when the paper was ended, it was accepted without one dissenting voice. The doctor might have acted equally well on his friends as a means of after dinner hygiene, without bringing so very much of the re-productive element into a paper intended for a audience including female physicians.

WISCONSIN STATE MEDICAL SOCIETY will meet June 7, 1881, in the Court House, Milwaukee. On the first days will be delivered an address by the President, Dr. Ira Manley Jr., of Markesan, on the "Influence of the Mind on the Body" followed by its general discussion. The proceedings of the following days will consist of reports from the following committees: Surgery, Drs. N. Senn, K. Hoegh and H. Palmer; Practice, Drs. D. W. Moore, Wm. Thorn-

dike and W. H. Borden; Obstetrics and Gynæcology, Drs. W. H. Van Dusen, H. P. Wenzel and D. C. Davies; Pathology, Drs. B. C. Brett, J. Vivian and F. A. Marden; New Remedies, Drs. J. G. Meachem, Jr., W. Hausman and John Binnie; Ophthalmology, Drs. E. W. Bartlett, W. F. Whyte and Chas. Ottillie; together with several volunteer papers. A large and successful meeting is anticipated. The following are the officers of this Society for the present year: Dr. Ira Manley, Jr., Markesan, President. Dr. B. O. Reynolds, Geneva, Dr. S. L. Marston, Campbellsport, Vice-Presidents. Dr. J. T. Reeve, Appleton, Secretary and Treasurer. Dr. J. K. Bartlett, Milwaukee, Dr. Wm. Thorndike, Milwaukee, Dr. N. M. Dodson, Berlin, Censors. Drs. Wm. Thorndike, D. Mason, J. K. Bartlett, Committee of Arrangements. Drs. J. G. Meachem, Sr., E. L. Griffin, S. L. Marston, H. P. Strong, J. K. Bartlett, P. Fox, J. B. Whiting, G. F. Hunt, J. Favill, Committee on Ethics.

THE BRAINARD DISTRICT Medical Society at Lincoln, Illinois, at the April 28 meeting elected Dr. S. T. Hurst, Greenview, President; Dr. W. C. Maul, Middleton, Vice-President; Dr. W. P. Walker, Teheran, Treasurer; Dr. J. A. Walker, Mason City, Secretary; Drs. C. B. Maclay, C. E. Elliott, H. B. Brown, Censors. A. E. Prince M. D. of Jacksonville and Elizabeth S. Norred M. D. of Lincoln were elected members of the society. The meeting was largely attended and papers read which led to discussions of an interesting character. The next meeting will be held at Havana, Illinois, July 28, 1881.

THE Third District Society of Indiana at its May 4 meeting, elected Dr. E. P. Easley of New Albany, President; Dr. R. S. Rutherford, Vice-President; Dr. L. A. Graham Secretary, and Dr. W. N. McCoy, Treasurer. The next meeting will be held the first Wednesday in November and its proceedings are expected to be interesting.

NEW METHOD OF GIVING COD-LIVER OIL.—Fairthorne (*Pharmaceutical Journal*) calls attention to the facts that the ordinary way of giving cod-liver oil is much like seasoning cod-fish or lobster with sugar or gum. He suggests the use of a mixture of two drachms of of tomato or walnut catsup to every ounce of oil, and has found the mixture to agree with patients hitherto unable to take oil. He has also found that in certain cases the following mixture was of great value: Liebig's extract of beef, half an ounce, extract of celery-seed, half a fluid drachm, vinegar, one fluid ounce, water, two fluid ounces, and cod-liver oil, five ounces. The extract of beef is dissolved in the water, the vinegar and oil being then added, and the resulting mixture shaken up with the extract of celery. The idea, based as it is upon the theory of the oil being a food, is a good one, and these two mixtures certainly seem to deserve extended trial.

DEATH OF DR. L. WALDENBURG.—It is with regret that the Review notices the death of Professor L. Waldenburg, of the University of Berlin. He died April 28, in his forty-third year, of pneumonia. The deceased was well known as the editor of the "*Berliner Klinische Wochenschrift*," undoubtedly one of the ablest conducted journals in any language. His reputation, however, was mainly founded on his important application of the pneumatic treatment to diseases of the respiratory organs. His elaborate volume on that topic, which has become classical, appeared last year in a second German edition.

TONGA.—According to the *Pharmaceutisches Centralblatt* (quoted in the *Pharmacist and Chemist*, May, 1881) this name was applied more than fifty years ago to the thin extract obtained from the *Datura Sanguina*, and capable of inducing delirium. Whether this tonga has any relationship to that advertised so extensively as an anti-neuralgic is an interesting question which still remains to be determined.

COCOANUT AS A TÆNIFUGE.—Tæma have, according to Martiale (*Wiener Allgemeines Medicinische Zeitung*) been successfully treated by cocoa-nut. After the consumption of the contents of a nut, an ounce and a half of ol. ricini is given, usually followed by the expulsion of the worm in five or six hours.

MOUTH BREATHING.—In a paper read before the New York County Medical Society, April 25, Dr. Clinton Wagner called attention to the pernicious results of breathing by the mouth, but suggested that this habit, so frequent among civilized communities, had very frequently a cause other than mere caprice. Sometimes a congenital influence, sometimes an acquired condition affecting the nasal septum, played an important part. Nasal polypi myxomata fibromata often play a part in its production. Removal of the local cause prevents the results likely to obtain from the practice

ORIGIN OF THE CRANIAL NERVES.—Duval (*Progrès Médical*, Nos. XV and XVI, 1881) before the Paris Biological Society, read a paper on the subject of the cranial nerves originating as spinal nerves with intumescences, in which he dealt more especially with the olfactory and fifth pair. The ganglion of Gasser is easily recognizable as an intervertebral ganglion, and Duval is evidently unacquainted with the lengthy paper read at the last Boston meeting of the American Association for the Advancement of Science, August 28, 1880, by Dr. S. V. Clevenger, of Chicago, who not only brought the intervertebral homology to bear upon all the cranial nerves, but insisted that the cerebrum, olivary body, mammillary eminence, and tubercular quadrigemina were originally swellings upon the roots of posterior sensory nerves, and that the cerebellum was formed from a great number of fused hypertrophied intervertebral ganglia (*Journal of Nervous and Mental Disease*, October, 1880). The tendency of French and German journals to ignore American scientific work is not a little remarkable.

THE Ohio State Medical Society will hold its annual session at Columbus, June 14, 15, and 16, 1881.

THE Rocky Mountain Medical Review has removed from Colorado Springs to Denver, Colorado.

DR. M. J. DeRosset, an eminent physician of New York city, died May 1, 1881, at Wilmington, North Carolina.

ATTENDANCE.—The attendance on this meeting of the Illinois State Medical Society has certainly been gratifying.

SIXTY-FIVE CANDIDATES passed the last examination of the Royal College of Surgeons, and thirty-six were rejected.

SURGEON GENERAL Barnes has been placed on the retired list and Dr. J. H. Baxter, Medical Purveyor General, has been nominated as his successor.

PARLIAMENTARY LAW. — The varied opinions displayed on this subject at the State Medical Society meeting would have astonished the ghost of Cushing.

THE Illinois Training School for Nurses has had charge, since May 1, of two wards in Cook County Hospital; Ward A on the surgical, and Ward B on the medical side.

THE AMERICAN LARYNGOLOGICAL ASSOCIATION at its meeting at Philadelphia, elected Dr. F. J. Knight President, Dr. E. L. Shirley and Dr. W. Porter Vice Presidents, for the present year.

COMMITTEE OF ARRANGEMENTS.—Some of these gentlemen should be censured for not wearing the blue badge which has been chosen for the purpose of separating these grand beings from oi polloi.

A NEW THERAPEUTIC PROCEDURE, or a new use of English, was indulged in by a physician at one of the medical societies recently, as he claimed to have "ejected morphine into a patient."

HILARITY. — Some of the members of the State Society seemed to be in very high spirits the afternoon of May 18, and several reports were postponed to a more convenient season in consequence.

LOCAL.

COOK COUNTY HOSPITAL.

This, like all charitable institutions, is full to overflowing, the internes too few in number for the needs of the institution, and overworked night and day. The gynæcological and obstetric ward is crowded, thirty-five beds being occupied. Three hundred and seventy-five are at present in the hospital, of whom one hundred and fifty are on the surgical side. Dr. McArthur, since assuming his duties as house surgeon, has performed a number of important operations, of which we will briefly notice a few. A man was brought to the hospital suffering from a crushing injury of both legs, from a railroad accident at Forty-Third Street. As the patient was very weak from loss of blood, Dr. McArthur transfused twenty-two ounces of blood, but did not succeed in saving the patient's life, as he died five hours later. A second case was that of a railroad employé, who received a crushing injury of the foot, leg and lower two-thirds of the thigh. Amputation at the upper third of the thigh was performed, and twelve ounces of blood transfused, the patient living five and one half hours after the operation. In both these cases, transfusion undoubtedly was indicated, as there was a bare hope of saving life by its performance. Dr. McArthur, among other operations, has performed amputation of the forearm, and Chopart's amputation of the foot. Dr. R. N. Isham operated for a strangulated, oblique inguinal hernia, in which, although the strangulation had taken place only twenty-four hours previous, the intestine was found to be so deeply congested as to be almost gangrenous. Notwithstanding this, there were no bad symptoms nor vomiting. This case shows that that the rule of not operating until after twenty-four hours after the strangulation of a hernia, may lead sometimes to serious, if not fatal results, which might be averted by an earlier operation.

*PROCEEDINGS OF THE ILLINOIS STATE
MEDICAL SOCIETY.*

FIRST DAY—MORNING.

The Illinois State Medical Society held its thirty-first annual meeting May 17, 1881, in the Methodist Church block, corner Clark and Washington Streets; a large attendance of delegates was present. The meeting was called to order by the President, Dr. George Wheeler Jones of Danville, after which the Rev. John Williamson opened the meeting by a short prayer, after which, on motion of Dr. J. Nevins Hyde, the ex-presidents of the Society, as also Dr. Sheppard of the Michigan State Medical Society, were invited to seats on the platform. Letters of regret at inability to be present were then read from Dr. S. B. Buck of Springfield, and others. A communication from Dr. S. L. Kerr, of El Paso, resigning membership of the society, was read but not acted on. Dr. Sheppard of Michigan, and Dr. S. L. Monroe of the same state, were then made members by invitation. Several communications were then read by the secretary. After which the minutes were, on motion adopted without being read. The report of Committee on Abuses and Uses of Alcohol was called for, the chairman of the committee not being present, whereupon the whole matter was, on motion, referred to the Committee on Nominations, when appointed. A communication from the Adams County Society, requesting the State Medical Society to make Quincy the place of its next meeting, and offering the hospitality of the society, was then read, and, on motion, referred to the Committee on Nominations, when appointed. The list of accredited members was then read.

N. S. Reed,	A. C. Corr,
Wm. O. Ensign,	Ellen A. Ingersoll,
J. D. Whitney,	O. Dumesnil,
N. S. Marshall,	L. C. Waters,
C. Goodbroke,	C. Barloow,
F. R. Pinter,	F. B. Haller,
Chas. R. Park,	A. G. Meserve,
C. C. Allen,	T. J. Maxwell,
J. T. Stewart,	D. E. Toole,
Wm. A. Byrd,	J. Little,
K. E. Rich,	I. F. Hurst,
J. M. Cowan,	M. D. Hall,
W. S. Thorp,	J. H. Rauch,
Jas. P. Walters,	O. C. Rankin,
A. K. Van Horne,	W. S. Read,
I. W. Fink,	W. O. Ensign,
T. D. Washburn,	J. D. Whitley,

Jas. Robbins,	A. H. Foster,
J. S. Whitmire,	E. W. Lee,
J. F. Durant,	J. H. Hollister,
J. H. Maxwell,	H. Webster Jones,
D. W. Owens,	R. G. Bogue,
F. L. Mathews,	R. N. Isham,
John McLean,	J. H. Walton,
W. W. Baxter,	S. J. Jones,
Geo. H. Tebo,	T. P. Seeley,
Wm. Cox,	O. W. Moore,
S. C. Plummer,	J. N. Rauch,
C. T. Reber,	W. H. McMann,
John Wright,	J. P. Mathews,
A. M. Sargent,	T. H. Johnson,
L. J. Schiffestein,	J. M. Everett,
J. L. Hallam,	J. W. Dora,
A. I. Maclay,	J. S. Jink,
W. R. Nash,	Wm. Chambers,
W. C. Mendenhall,	A. T. Darrah,
L. H. Baker,	W. T. Kirk,
J. P. Johnson,	J. L. Kitchen,
Wm. Hill,	G. W. Nesbitt,
J. B. Davison,	R. M. Chapman,
S. D. Culbertson,	W. M. Kaull,
A. C. Hunt,	J. M. Hall,
J. E. Bennet,	J. H. Allin,
Catherine Slater,	De Laskie Miller,
J. H. Mesher,	C. T. Parkes,
G. L. Corcoran,	D. W. Graham,
M. W. Walton,	J. E. Owens,
A. T. Barnes,	C. Hamill,
Lee Smith,	J. E. Walton,
M. Hurst,	J. N. Hyde,
E. P. Cook,	P. S. Hayes,
F. C. Schaefer,	J. S. Jones,
E. W. Jenks,	E. Ingals,
H. P. Newman,	E. F. Ingals,
J. H. Freeman,	R. Park,
J. N. Moss,	W. T. Montgomery,
J. S. Davis,	Emma F. Gaston,

After which Dr. J. Nevins Hyde, for the Committee of Arrangements, made a report, in which he extended, as chairman of the Committee of Arrangements, a most cordial welcome on behalf of the medical profession of Chicago, and feelingly alluded to the changes which had occurred since he stood in the same place four years ago, to offer a similar address of welcome; then alluded to the prosperous financial condition of the country and its effects on the prosperity of the medical profession, as measured by the circulation of medical periodicals and the purchase of medical books and surgical instruments. He alluded to the contrast between the welcome grudgingly offered to the guests at Pompeii, and contrasted it with the glowing welcome he had to offer from Chicago.

The Committee of Arrangements were authorized to state that the various hospitals, charitable institutions, and also the library of the Medical Press Association were open to the delegates; that the medical profession of Chicago invited the delegates to attend a banquet at the Grand Pacific Hotel, to-morrow evening, Wednesday, May 19, at seven o'clock. Tickets of admission could be obtained from the Treasurer of the committee, on presentation to him of the railroad certificate issued by the Secretary, which would also enable the holder to return at one-third the rate paid. The Committee then announced the following:

PROGRAMME.

TUESDAY AFTERNOON.

Report of the Committee on Practice of Medicine. Chairman, Dr. E. P. Cook, Mendota.

Report of Committee on Surgery. Chairman, Dr. Charles T. Parkes, Chicago.

Report of Committee on Obstetrics. Chairman, Dr. H. Webster Jones, Chicago.

Report of Committee on Gynæcology. Chairman, Dr. J. W. Dora, Mattoon.

Report of Committee on Ophthalmology. Chairman, Dr. F. C. Hotz, Chicago.

WEDNESDAY MORNING.

Report of Committee on Dermatology, Dr. W. J. Maynard, Chicago.

Report of Committee on Laryngeal Tumors, Dr. E. F. Ingals, Chicago.

Report of Committee on Abnormal Thermal Conditions in Diseases and the Means of Controlling them. Dr. J. H. Hollister, Chicago.

Paper on Intra-Capsular Fractures. Dr. Maxwell.

Paper on the Present Status of Specialism in Medicine. Dr. A. Reeves Jackson, Chicago.

WEDNESDAY AFTERNOON.

Paper on Fracture Apparatus, Dr. Whitmire.

Paper on the Prevailing Epidemic of Rötheln, Dr. Charles Warrington Earle, Chicago.

Report of One Hundred Cases of Rötheln. Dr. Roswell Park, Chicago.

Paper on the Legal Relations of Practical Medicine. Dr. McClelland.

Paper on Infectiousness of Tuberculosis. Dr. H. Gradle, Chicago.

Report of Committee on Vital Statistics. Dr. J. H. Rauch, Springfield.

THURSDAY MORNING.

Report of Committee on Necrology. Chairman, Dr T. F. Worrell, Bloomington.

Paper on Chian Turpentine. Dr. Edmund Andrews, Chicago.

Paper on the Removal of Hair by Electrolysis. Dr. Plym. S. Hayes, Chicago.

Paper on Irregular Uterine Contractions in Labor. Dr. Schneck.

Paper on the Surgical Anatomy of the Sheaths of the Palmar Tendons. Dr. Roswell Park, Chicago.

THURSDAY AFTERNOON.

Papers by Drs. Christian Fenger and E. W. Lee, Chicago.

Opening and Drainage of Lung Cavities. Supra-Malleolar Osteotomy, with Cases. Traumatic Aneurisms of the Neck.

Opening of Joint-Cavities, with Cases.

Excision of Tuberculous Joints, with Cases.

PRESIDENT'S ADDRESS.

Dr. George Wheeler Jones of Danville then delivered the president's address, in which he alluded to the honor that had been conferred upon him, to the indifference which existed in the southern part of the state to matters of a professional character, more especially with regard to the State Medical Society. In response to his efforts, however, a relatively large proportion of representatives were present from all parts of the state. He had heard many complaints about the supineness of the State Board of Health, in carrying out the medical practice act; some of the instances were aggravating to a medical man of a combative tone of mind, but he was sure the Board were doing all in their power to carry out the law, but no law could be enforced in this country unless by aid of those who are but little disposed to aid it, as this was especially the age of "bossism." He claimed, however, the prospect was good if all selfish ends were laid aside. The legislature had greatly ignored its duties as regards medical matters but despite the tendency to be disheartened he would have them remember that the inspired volume said that as their trials were, their strength should be. He advised that a committee on medical legislation be appointed, and then alluded to the evil influence that long training in half truths had on the mind, engendering a species of faith mischievous in the extreme in its vast capacity for evil, a faith having its origin in an emotional disturbance of coordination in the various pro-

cesses which make up the sum total of organized life; a form of faith which is the foundation of all the varied forms of false beliefs, from the dogma of *similia similibus curantur*, enunciated in all confidence by Satan to the first of women, down through the accumulation of years, until to-day, when the most debasing materialism crops out in the ingestion of small-pox vesicles for variola, or the juice of the *cimex lenticularis* for the itch; when the "snapping" doctor glories in enormous fees, when the "spiritual séance," the fanatical revels of so-called religious revivals, Franco-American communists, and a score of other frauds and follies number their devotees by the hundreds and thousands. But these things captivate mostly the abnormally developed, are small things compared with the train of influences which is slowly but surely gathering the better formed and stronger grown with an atmosphere of helpless ignorance, of superstitious fear, of abiding reliance upon tradition and fatality, through which the strong light and genial warmth of sound reason has obtained but faint success in the dissipation of noxious vapors over mortal darkness. The address pointed out how the physician, by carrying out a gradual system of education, could elevate his successors, and through them, the people. The address concluded by expressing a hope "that many an annual session will find us all in our places in this society, as true laborers in humanity's cause, in each other's behalf, in the unfolding of all truth, and that in the long hereafter I shall meet you every one in the realms of unclouded light, of unending life, where, at the last, when the Great Necrologist shall call the roll of earth's departed, one by one, our names shall be found transferred to the books of the "Society of the Redeemed," whose watchword is "the Son of Man," and whose chant of welcome rings for evermore in the antiphone of an eternity of peace. "Blessed is the man that provided for the needy and the sick, in the time of trouble shall the Lord deliver him."

On motion of Dr. Ingals, it was resolved that the President be thanked for this address, and that the same be printed in the Transactions.

AFTERNOON.

The Association was called to order by the President at half past two o'clock in the afternoon. He announced that the Secretary of the Illinois State Board of

Health would furnish members with the register issued by the Board and that they could be obtained by applying to the Permanent Secretary, Dr. S. J. Jones.

The Secretary, at the request of the President, read the by-law regarding the time which might be occupied by each speaker in debating the subjects which should come up.

Dr. Cook read the report of the permanent Committee on Practical Medicine. The doctor stated that the report was largely confined to epidemics which had prevailed in the State during the year. The Committee had aimed by correspondence, to obtain the necessary facts, but had doubtless but imperfectly gathered the facts. The State extends three hundred and seventy miles north and south, is two hundred and twenty miles wide, and has over three millions of people. It is impossible therefore to gather statistics in a satisfactory manner, from so great a number of people and covering so large an area. The Illinois Medical Association should perfect arrangements for gathering the statistics better. The Committee addressed letters to about one hundred and thirty physicians. Their replies, no doubt, fairly represent the intelligence and opinions of the best members of the medical profession. Replies were received from physicians in thirty-four counties. The year has been a remarkable one, particularly the last six months. There was nothing remarkable from May first to October first. Malarial diseases were prevalent in some quarters. The winter has been exceptionally cold, and has been marked by diseases of a zymotic miasmatic character. The southern portion of the State has been comparatively exempt from epidemics during the winter. In the middle part of the State the epidemics have been severe. Rubeola has prevailed in all parts. Scarlatina has prevailed widely; diphtheria in the north. Cerebro-spinal meningitis has also prevailed. Variola has been much more prevalent than usual, and has been more than usually virulent. Pneumonia has prevailed widely; so has dysentery. Phlegmonous erysipelas has resulted in more than usual fatality. Pertussis has also prevailed. In Chicago and several other large cities, winter cholera, a new disease, has prevailed to a large extent. It is supposed that cold is the cause; but that does not appear to be the case. The disease does not exist except

where population is dense. It is possible that this disease may be the precursor of more fatal bowel diseases. Several cases of trichinosis have been reported, and the subject of parasitic diseases has assumed new importance. The subject of Chicago sewerage has attracted attention. It is certain that the present method of disposing of Chicago sewage must be abandoned. On the subject of diphtheria, what Dr. J. S. Whitmire, of Woodford County, has written, was read at length. Dr. Whitmire presented a detailed statement of the symptoms. The first victim was buried from a church. The coffin was opened and many persons looked at the corpse. From this single case the disease spread rapidly among the people. What is the cause of the disease is not known. It is certainly a blood poison. Dr. Whitmire attributed the probable cause of the disease to decomposition of vegetable matter in the cellars of the people. In regard to treatment, Dr. Whitmire first gave castor oil, and whiskey if the depression was great. The steam atomizer was employed, lime water and carbolic acid. For internal use, chlorate of potash, sulphate of quinine, and fluid extract of liquorice were used. Digitalis was employed where the heart's activity lacked force. The best food was buttermilk. No fatal case occurred in any person over eighteen years of age. Alcohol was used freely and found to be of great benefit. Dr. Romaine J. Curtis, of Joliet, attributed the cause of the disease there to the Chicago sewerage. The odor of the canal is simply overpowering. The doctor argued quite at length to show that the cause was sewerage. The doctor could not say that it was contagious. There was much difficulty in separating this disease from membranous croup.

Drs. C. S. Smith, of Iroquois County, and M. A. McClelland, of Knox County, reported epidemics of the same disease. The cold winter, bad ventilation, bad water, etc., were the causes of the disease.

Dr. Wright, of Clinton, reported an epidemic of dysentery last June. The epidemic was confined to a space of four miles in length and one in width. There was no apparent reason why it should be so confined. The treatment was sulphate of magnesia, Rochelle salts and castor oil, with a nourishing diet, morphine for the mouth and opium for the rectum. Quinine was not used with success. It seemed to

increase vomiting. Alcohol as a stimulant was freely used.

An epidemic of cerebro-spinal meningitis was reported from Ottawa. The mortality was from sixty to seventy per cent. Dr. Lyburn reported a post-mortem of a case of cerebro-spinal meningitis. The sinuses of the brain were gorged with blood. The meninges were red. It appeared that congestion rather than inflammation had prevailed. The brain being removed, the lower ventricles were distended by serous fluid, with pus. A paper was also presented on the Uses and Abuses of Alcohol. Replies were received from thirty physicians, which were not of any great scientific value.

The report was referred to the Committee on Publication.

The Permanent Secretary requested the members to procure their tickets for the banquet.

Letters were read from several absentees, and physicians invited to be present at this meeting: Dr. J. T. Curtis, of Otterville, Illinois, and Dr. Hendricks Beech, of Carthage, Illinois, among others.

The Secretary also announced that the second volume of the Transactions of the State Board of Health, was almost ready for publication, and that it was desired that the physicians of the state should look it over, and report as early as possible any errors which it might contain. Dr. Hyde, from the Committee of Arrangements, reported that members must procure their certificates to obtain reduced rates for return on the railroads.

Dr. Charles T. Parkes, of Chicago, Chairman of the Committee on Surgery, read the report of that committee. The report covered a synopsis of published items. The subject was one of great interest. The antiseptic treatment in surgery has become very generally adopted by the younger members of the profession. Its use has been very successful. Surgeons in England and Germany have discarded the spray, adopting a carbolic wash in its place. All the best surgeons have adopted the following schedule of treatment: 1. Free drainage; 2. Coaptation; 3. Perfect rest.

In drainage, rubber tubes have been employed, but have not always operated well. Capillary drainage is accomplished by strands of horse hair or of silk. Dr. Parkes preferred the latter. Bone tubes were also used. These were decalcified

until soft. The process of decalcification was described. The bones of birds had been used also. Ligatures and torsion have been used for preventing hæmorrhage. The method was described.

After hæmorrhage is arrested, the best material to be used for sutures is silk-worm gut. It is not as stiff as wire, and less irritating. It causes no discomfort. Dr. Parkes exhibited a specimen. Catgut is readily absorbed, which renders it unfit for use, although it has been so prepared as not to be absorbed, by Dr. McEwen of London. Rest is obtained by attention to many details. The parts must not be too frequently dressed, and fermentation must be prevented by antiseptics. Dr. Parkes commented on Professor Lister's method of antiseptic treatment. An Aberdeen doctor has discovered micrococci organisms in connection with inflammation, diminishing as inflammation decreases, increasing as it grows. The doctor described at considerable length, the treatment of varicosæ, and described Dr. R. G. Bogue's plan of treatment. Dr. Parkes described two cases of complete division of nerve trunks successfully treated by himself. The stretching of the great sciatic nerve has been successfully undertaken as well as the stretching of other nerves. Several cases are reported from Paris, with out detailed explanation. The subject has attracted wide attention among surgeons. Persistent neuralgia has been cured by stretching the facial nerve. Tetanus has also been immediately cured by nerve stretching. A case of the cure of sciatica by stretching was reported. Dr. Parkes detailed some experiments to test the tensile strength of nerve trunks. The tension was made under, transverse and parallel to the nerve fibres. The unit used was water, whose weight was gradually increased. The median nerve ruptured at various degrees of tension, ranging from fifty-seven and three-fourths to sixty-four and a half pounds. The radial nerve ruptured at twenty and a fourth, eighteen and a fourth, and nineteen pounds. The experiments are surprising as showing the great force required to rupture nerves.

A report of Dr. David S. Booth, of Sparta, on Fracture of the Tibia, involving the ankle joint, was read. The tibia was fractured about two inches above the ankle joint. The parts were cleansed by carbolyzed water, sutures introduced, and splints applied. The laceration of skin healed rap-

idly, but after weeks of apparently successful healing, the foot would become everted on the removal of the splints. There was only a single union of the skin, no ankylosis. The patient was then turned loose, but the foot never healed fully. The foot never became of any use, and was rather an obstacle to walking. The question is, was the treatment correct, or should the foot have been removed. The report was heard with great pleasure, and referred to the Committee on Publication.

On motion of a member of the Committee of Arrangements, Dr. E. S. Fuller, of Springfield, Dr. R. W. Corwin, of Colorado, and Dr. C. A. Palmer, of Princeton, were elected members by invitation.

Dr. W. A. Byrd presented an account of his method of curing neuralgia by stretching the facial nerve, and also of practicing tracheotomy in cases of œdema of the glottis.

On motion, the report of the Committee on Surgery was referred to the Committee on Publication.

Dr. H. Webster Jones, Chairman of the Committee on Obstetrics, read the report of that committee.

The report proceeded in detail to describe the duty of the physicians in all ordinary cases of parturition. The report closed by several suggestions, among them the following:

First, an intelligent confidence once thoroughly established between patient and physician does much to banish the terrors of the lying-in room.

Second, it is possible to foresee and prevent the occurrence of the almost fatal form of eclampsia gravidarium.

Third, cleanliness is especially next to godliness in the case of the accoucheur; its absence renders one liable to professional homicide.

Fourth, modern midwifery must not be meddlesome, but must be mediatorial in the sense of palliating suffering, expediting nature's processes by well proven means, and removing scientifically all inexplicable, accidental or morbid obstructive states and conditions. Idleness is no longer an approved qualification for a degree in obstetrics.

Fifth, the hand is the best uterine dilator.

Sixth, forceps should never be employed until the os uteri is dilated or dilatable, and then not unless the membranes have been ruptured and labor delayed unnaturally for at least an hour. Every practitioner should

become skilful in their use. They should never be left at home for fear of temptation.

Seventh, unnecessary and unavoidable delays in labor are fruitful sources of gynæcological practice. They promote inflammation and sepsis.

Eighth, the patient's hopeful confidence, and the physician's industrious attention, actually contribute to the physiological element in labor. Anæsthetics here, are, to say the least, superfluous.

Ninth, bimanual aid in effecting the deliverance of the placenta, is not only proper but advisable. Skilfully rendered, the cry "uterine inversion" becomes a bugbear.

Tenth, continuous and intelligent counter-pressure over the fundus uteri during the child's exit, the delivery of the placenta and the period of frequent oscillation, be that a shorter or longer time, is a safeguard never to be neglected.

Eleventh, pursuant to the same end, the application of the bandage and its continuance as long as the uterine globe can be felt and embraced by it above the pubis, contributes not only to comfort, but to speedy involution, after the seventh week, is liable to abuse.

Twelfth, puffiness of one ankle, with tenderness of the corresponding groin, and an abnormally quickened pulse, with or without copious sweating, noticed within the first ten days after labor, betoken the presence of phlebitis, and the possibility of embolism or thrombus, and resultant sudden death.

Thirteenth, the duties of an obstetrician are not concluded until a careful examination, from six to eight weeks after parturition, proves the integrity of all the organs concerned.

Dr. J. W. Dora, chairman of the Committee on Gynæcology, read the report of the committee. The report proceeded to give a description of the chief devices and methods employed in alleviating pain, by gynæcologists. The report referred to the difficulty of demonstration, on account of unscientific modesty, and consequently, a slow progress of the science of gynæcology. The report stated that there was a sort of mania for gynæcological surgery, slitting and stitching the cervix uteri, and related a case which illustrated the statement. The doctor then stated his own method of producing a dilatation of the cervix uteri, by a partial incision, and then using the cervical dilator. The report

concluded by recommending the use of anæsthesia in gynæcological operations.

Many motions were here made, most of which were ruled out of order.

Dr. Ellen Ingersoll read a supplementary report on "Dysmenorrhœa; etiology and treatment, and relations to uterine flexions." She drew a distinction between flexure of the body and the cervix uteri, and claimed that derangements of the hepatic function were brought into relation with the uterus, and as cholesterin, the débris of the nervous system was eliminated, she used, therefore, mercurials; also generalized and local electricity; and concluded by several valuable, hygienic suggestions.

It was moved and seconded that the paper be received.

Both papers were then referred to the Committee on Publication.

Dr. Hotz then advocated the deferring of the ophthalmological report till the next day, and moved that the report be the first thing in order next day, which was seconded and carried.

The meeting then adjourned until nine o'clock Wednesday morning.

SECOND DAY—MORNING.

The May 18 meeting of the Association was called to order twenty minutes after nine, and the first business being the reading of the minutes, this, on motion, was dispensed with.

The following delegates were registered yesterday:

D. E. Burlinghame,	I. E. Barret,
E. Blanchard,	A. Clark,
B. F. Crummer,	F. P. Eldridge,
J. M. Everts,	Henry F. Godfrey,
A. Hard,	M. Hutchinson,
H. M. Hewitt,	F. M. Jacobs,
W. H. K. King,	C. Leavitt,
D. Lichty,	J. G. McKenny,
P. G. Manley,	Eliza S. D. Norred,
A. P. Owens,	A. E. Proud,
W. Rainscher,	C. Truesdell,
C. Utley,	C. S. Taylor,
F. C. Hotz,	J. H. Rauch,
V. L. Hurlbut,	R. E. Starkweather,
D. A. K. Steele,	T. P. Seeley,
H. M. Starkey,	L. A. Clark,
P. G. Mauling,	Enoch Blanchard,
A. E. Prince,	J. D. Colt,
W. R. Shinn,	T. H. Johnson,
D. T. Douglas,	J. H. Fellows,
H. W. Morehouse,	R. W. Crothers,
J. R. Corbus,	J. A. Freeman,
J. H. Broffit,	B. Z. Aplington,

E. E. Elliot,	O. W. Moore,
W. W. McMann,	R. M. Wilson,
C. H. Norred,	R. J. Mitchell,
H. Ziesing,	P. H. Garretson,
J. P. Mathews,	W. P. Walker,
Louise M. Dawson,	S. M. Wylie,
M. M. Robbins,	A. L. Norris,
H. Utley,	G. W. Ramsey,
J. Livingood,	W. Ransome,
W. T. Colwell,	J. E. Burnett,
T. W. Jacobs,	H. Gradle.
W. A. Brown,	J. H. Braffer,

The report on Ophthalmology and Otol-ogy was read by Dr. F. C. Hotz. The report described the new operations on the eye which had come to his attention during the year, and gave a list of the most recent literature of the subject. Under the subject of New Discoveries in the Pathology and Therapeutics of the subject, the report mentioned cases where an overdose of quinine produced total blindness, as well as deafness. An overdose of this drug seems to operate upon the optic nerve by producing anæmia, while it produces hyperæmia of the tympanum. The report discussed the symptoms and treatment of Keratitis. In the treatment of one case of this disease, quinine was used with decided improvement, while a local treatment failed. Homatropine, a remedy something like atropine, has been used. It enlarges the pupil as much as an equally strong solution of sulphate of atropia. The effect of atropia continues for many days, and prevents the patient from reading or writing; but the effects of Homatropine pass off in twenty-four hours. The report discussed the symptoms and treatment of malarial otitis. In regard to the audiphone, the report says its use has not been satisfactory. As at present constructed its range of usefulness is rather limited. The number of persons benefitted is exceedingly small. The magnet has been successfully employed in ophthalmic operations, particularly in removing iron from the eye. One physician has removed by this means a bit of iron from the vitreous humor. The report discussed the question of the destruction of the ciliary nerves in order to prevent the sympathetic inflammation, which is communicated by these nerves to the fellow eye. The report expressed the opinion that enucleation was the best means of preventing the spread of sympathetic inflammation.

Dr. W. J. Maynard, of Chicago, read the report of the Committee on Dermatology.

The first subject treated was ring-worm of the scalp, and showed that this disease is in the proportion to all other diseases, as about one to thirty-one. The symptoms of the disease, including its three phases, were presented in detail. One of the variations of the symptoms may be seen in pustules scattered over the scalp, either in groups or solitary. The result is bald spots, on account of the destruction of the hair follicles. The cause is usually constitutional, strumous or scrofulous diathesis. Eczema and psoriasis often attack the scalp, and are frequently confounded with ring-worm. The differences in diagnosis were carefully pointed out. In making the examination, note the condition of the hair as it comes out. A pocket lens and microscope are necessary for making the examination, combing the hairs slowly the wrong way, when broken hairs will be found, and hairs that are unusually brittle. The treatment must first secure isolation of the patient, as far as possible. Every means must be taken to prevent the spread of the disease, since it is the result of a contagious parasitic fungus. It has been proved that the disease has been transmitted from a squirrel, and from bovine animals and horses. Children having the disease must not be sent to school. The hair should be cut over and around the diseased spots, and if the disease appears in patches all over the head, the hair must be entirely removed. The scales must be removed by a poultice of sweet oil, or by soaking the parts with sulphurous acid, one part to four of water. Then the parasiticide remedies must be employed; the best is oleate of mercury. A description of the peculiar forceps used in extracting dead and diseased hairs was given. Change of air is often of use in curing the patient. Diseased hairs are often supplanted by soft downy hairs.

The report was accepted and referred to the Committee on Publication.

Dr. C. T. Reber, of Shelbyville, Illinois, read a short paper on the "Influence of Submucous Fibroids on Gestation and Parturition." The report gave several instances of the existence of these fibroids and the results of their treatment with ergot. Excessive hæmorrhage frequently results from these fibroids.

Dr. W. S. Caldwell, of Freeport, read a paper on "Management of the After-birth." He called attention to the apathy in existence among the profession in regard to

the amount of hæmorrhage permissible. He maintained that the hæmorrhage should be as far as possible limited, because secondary evil consequences were almost sure to arise from excessive hæmorrhage. The doctor had employed ergot, and had not found it of much use. It had almost uniformly failed. The doctor also presented a supplemental report by Dr. B. F. Crummer, of Warren, on "placental forceps." Dr. Caldwell exhibited a new instrument, a uterine irrigator, to be employed in introducing styptic fluids into the uterus. The instrument was graduated so that a definite amount of fluid could be used.

Dr. E. F. Ingals read the report on "Laryngeal Tumors." The symptoms usually are, first a severe cold, and hoarseness continued for some time. Speaking and swallowing are frequently much interfered with, the vocal cords are also affected. If the tumor is on the cords, aphonia is caused. The tendency of these growths is to increase. If hoarseness has been produced, no cure can be effected, except by the removal of the tumor. Large tumors are often dangerous to life. Malignant tumors are necessarily fatal, whether or not they are properly treated. It has been claimed that two cases have recovered. Treatment will prolong life a short time, but the result is inevitable. Tumors must be removed by operative measures, through natural passage when possible. If this is not practicable, they must be removed by tracheotomy, thyrotomy, or inter-thyroid laryngotomy. The most of the papillary growths are not larger than a pea, and are multiple. They are attached to the vocal cords, the ventricular bands or the inter-arytenoid fold; the latter, when they are caused by phthisis. The first cause is a chronic catarrhal inflammation. The doctor related several cases, and had employed in its treatment, sulphate of zinc thirty grains to the ounce of water, and bromide of potassium internally. Another case, where a papillary tumor about the size of a pea existed, it was removed by the forceps and the place cauterized. Afterward sulphate of zinc was used, which produced a complete cure. In a case diagnosed as laryngeal phthisis, benzoin, cod liver oil and chloride of zinc were employed. After two weeks the patient was considerably improved, went South, and finally died very suddenly, probably of œdema of the glottis.

Cancer of the larynx, when fairly begun, must be considered as inevitably fatal.

Tracheotomy will often prolong life, sometimes several months, and even as long as two years. Thyrotomy has generally been unsatisfactory. Removal of the larynx has been performed, but it is exceedingly hazardous. The paper was received and, on motion, referred to the Committee on Publication.

Dr. Truesdell advocated the use of a solution of carbolic acid, spray as an antiphlogistic remedy. So far as his experience was concerned, carbolic acid in sufficient strength and sufficiently repeated, would cure ordinary inflammation of the larynx. He used a saturated solution of carbolic acid, one part to sixteen of water, and diluted that one half, and used it in the form of spray.

Dr. Whitmire, of Woodford County, said he had found no remedy that would at all compare in usefulness with a spray of carbolic acid in cases of diphtheria. He had used it successfully even when the false membrane had begun to form on the larynx.

A recess was then taken to enable the delegates from the respective counties to meet together and arrange for the appointment of delegates to the Nominating Committee.

During the session a petition was passed around and numerously signed, praying for the repeal of the ten year clause of the Medical Practice Act.

The following Committee on Nominations was then chosen:

COMMITTEE ON NOMINATIONS.

F. B. Heller,	Fayette County,
C. C. Hunt,	Lee "
A. T. Darrah,	Champaign "
D. S. Jenks,	Kendall "
A. C. Corr,	Macoupin "
N. C. Rankin,	Iroquois "
W. F. Kirk,	Logan "
E. Ingals,	Cook "
G. W. Nesbitt,	DeKalb "
L. T. Culbertson,	Ford "
E. Blanchard,	Medford "
T. D. Washburn,	Montgomery "
A. G. Meserve,	Crawford "
W. M. Cox,	Brown "
I. G. McKinney,	Pike "
O. W. Moon,	Grundy "
C. Chenowith,	Macon "
Jno. Wright,	DeWitt "
J. M. Cowen,	Putnam "
E. P. Cook,	LaSalle "
K. E. Rich,	Marshall "
W. A. Byrd,	Adams "

Ellen A. Ingersoll,	Fulton County.
J. P. Johnson,	Peoria "
M. W. Walton,	Stephenson "
A. K. Van Horne,	Jersey "
J. H. Mosher,	Whiteside "
W. O. Mendehhall,	Vermillion "
J. D. Whitly,	Menard "
N. S. Reed,	Cass "
F. R. Pitner,	Clay "
C. T. Reber,	Shelby "
A. Hard,	Kane "
J. P. Walters,	Wayne "
T. J. Maxwell,	Henderson "
L. J. Schifferstein,	Richland "
A. P. Owens,	Perry "
D. P. Crammer,	Jo Daviess "
G. H. Tebo,	Schuyler "
W. T. Walker,	Mason "
A. T. Barnes,	McLean "
J. L. Hallam,	Marion "
A. G. Prince,	Morgan "
S. C. Plummer,	Rock Island "
D. E. Foote,	Boone "
W. H. Kaull,	Bureau "
T. H. Johnson,	Jasper "

Drs. Haller, Fayette, Coles and Jenks were elected members by invitation, after which the Society adjourned till two in the afternoon.

AFTERNOON.

The meeting was called to order at 2.10 P. M. by the President.

Dr. J. H. Hollister, of Chicago, read a paper on "Thermal Conditions." He reviewed the old theories of heat, when the dynamic theory of heat was accepted. An explanation was made of many phenomena, heretofore unknown. Dr. Hollister discussed the subject as follows: 1. How heat is produced; 2. The conservation of heat; 3. The conditions in which extreme temperatures are developed; 4. The results of effects of extreme thermal conditions upon the animal economy; 5. The means of preventing or controlling excessive temperatures.

The doctor then proceeded to show the old theories of heat production, and expressed the conclusion that heat was produced by molecular changes in the body; as these changes increase, heat increases, as they diminish, heat diminishes. On the conservation of heat much has recently been written. It was a great thing gained when it was discovered that the temperature in a part is intimately concerned with the circulation; so it was another point gained, when it was learned that through the agency of the nerves, the calibre of the

blood vessels is regulated. The author proceeded to discuss the question, whether the vessels are supplied with vaso-dilator fibres as well as vaso-constrictor fibres. He concluded that it was more than probable that there exists a nervous or muscular organism whereby dilatation is accomplished. It is pretty well settled that the vaso-motor centre is situated in the medulla, and that in the cornua is a heat center. The conservation of heat will largely depend upon the reflex nervous system. A decreased circulation will reduce the temperature, and this may be accomplished partly by external applications, and partly by medicines administered internally.

The author then spoke of the general effects of high temperature upon the animal economy, general bodily lassitude, increased susceptibility to fatigue, impairment of the digestive function, especially in the case of children of the second year, who are so liable to suffer from summer complaint. There may be also danger of loss of vascular tonus from diminution of the blood circulation in a case of long continued high temperature.

The changes liable to occur in the internal organs, on account of extreme high temperature, were then spoken of. In the lung, a temperature above 102° F. may produce enlargement, consolidation, an oedematous condition, the "cloudy swelling" of Virchow, a condition similar to inflammation, necrosis or fatty degeneration. The heart appears to undergo fatty degeneration. The liver becomes enlarged and friable, the cells granular, and have the appearance of fatty degeneration. The cuticular portion of the body is the first to suffer. In all diseases which are largely the result of heat, there should be much solicitude concerning the treatment. Among these diseases are typhoid and relapsing fevers, insolation exanthemata, septic fevers, erysipelas, traumatic fevers, rheumatism. With all these diseases, the first object should be to control the temperature.

There are two ways of controlling high temperatures; one is by lessening the generation of heat, the other, by facilitating its dissipation. To accomplish the first-named result, cardiac sedatives may be used, in order to reduce molecular action to the minimum. Rather to be adopted is the second plan, namely, lowering the temperature of the body. The effects of cold in reducing high temperatures are especially seen in the treatment of insolation.

Dr. Wood, in his work on fevers, reports a case of insolation in which the patient was in such condition that death seemed imminent. He was placed in a bath of ice water, and lumps of ice placed around his neck, head and shoulders. When put into the bath he was unconscious, and his temperature was 105.5° . In fifteen minutes the temperature fell to 104° , and he commenced to regain consciousness; in thirty minutes the temperature was 102° , and the patient was entirely conscious. Dr. Hollister, following the lead of the Germans, advocates the use of cold sponge baths in cases of typhus and typhoid fevers, measles, scarlatina, etc. Various methods were described. Temperature may thus be reduced in a single bath from four to six degrees. The Germans have had much success in treating fevers by cold. Still there is danger in this treatment from the effects of reaction. The last question "By what means shall we control pyrogenesis by remedial agents?" was next discussed. These remedies are chiefly those of cardiac sedation, increase of the circulation, and a stimulation of the perspiration. The chief remedial agents are tartar emetic, veratrum viride, hydrate of chloral, and quinine.

The paper was received and on motion referred to the Committee on Publication.

Dr. Hill of Bloomington, exhibited an instrument invented by Dr. Russell of Bushnell, for the immediate performance of the operation of tracheotomy.

Dr. Maxwell presented a report on Intra-Capsular Fractures, which consisted of a summary of the researches of modern surgery, together with his own method of treatment, illustrated by two cases. Intra-capsular fractures of the femur are peculiar to advanced life and to females. This class of fractures has been notable on account of the extreme difficulty of obtaining union of the fractured bone. Union does not take place for four reasons: 1. From the position of the bones, the arterial supply is materially diminished. 2. The reparative material that may be developed has no permanency. 3. Any reparative material is so diluted by synovial fluid, as to become inoperative. 4. Imperfect coaptation of the bones. These causes combined with the action of the powerful muscles at the locality of the fracture, constitute the chief reasons for the want of union. The usual method of treating such fractures has been to practice extension and counter-extension in the usual way. Sir Astley Cooper

advised the use of a double inclined plane the leg being flexed. After fifteen days the patient was to sit up and walk around with the aid of crutches. The displacement in cases of this kind is usually upward and inward. The femur is drawn upward, the limb rotated outward, with eversion of the foot and shortening. Crepitation can be distinguished when extension is made. The teachings of modern surgery, that extension be used, is not sufficient. The author then submitted the following plan, devised by himself, which he had employed with good effect in two cases in his own practice: Let extension be applied in two directions, longitudinally and laterally. This tends to aid coaptation of the fractured surfaces. The author then reported two cases of intra-capsular fracture of the femur. In the first case, a lady fifty-two years of age, the union was perfect in seven weeks, so that she considered the fractured limb the best of the two. The second case was that of a man seventy-two years of age. The soreness and pain passed away within a week after the application of Dr. Maxwell's apparatus, union was perfect in five weeks, and now, three and one half months after the receipt of the fracture, the patient walks well and without crutches. The treatment certainly seems rational and appears to be indicated in fractures wholly or partly intra-capsular.

On motion the paper was received and referred to the Committee on Publication.

Drs. L. S. Putney and D. K. Browker of Michigan, were made members of the society by invitation, on motion of Dr. Roswell Park, of the Committee of Arrangements.

The report of the Committee on Vital Statistics was now called for. Dr. Rauch was prevented by indisposition from making the report.

Dr. A. Reeves Jackson, of Chicago, read a paper on "The Present Status of Specialism in the United States." Specialism was nothing new. It existed in the earliest stages of medical skill. There were doctors of the liver, the skin, the head, and even the toe nails, in ancient Egypt. The doctor discussed the salient causes of specialism. These he believed to be chiefly two: 1, The multiplicity of professorships in medical colleges; and 2, deficient medical education. There was a time when a medical faculty consisted of only three or four persons; now there are some colleges which

have as high as thirty or forty professors. Students are too deficient in medical knowledge. Dr. Jackson asked how many students at the time of their graduation ever attended or were required to attend a single case of labor, or to use an obstetrical instrument, or a catheter, or to ligate an artery. When such cases occurred, the young doctor first became acquainted with his deficiencies. Thus they attempt to find proficiency in one or more departments. Several colleges recently have established post-graduate courses; but these do not furnish the practical skill required. The teaching is done by means of lectures and demonstrations, but the opportunity is not given for necessary personal practice. The schools do not honestly supply what they know their students most need, clinical experience. Is specialism necessary? The answer is, Yes. There is a necessity. Were it not for the special worker, the profession would go backwards. All progress has been accomplished through specialism, concentration of effort and thought. Many objections are raised against specialism. It is said specialists are likely to become narrow and illiberal; that their observation is partial, and leads to erroneous diagnosis, and to the development of men of one idea. But Dr. Jackson claimed that this was only true of very ignorant specialists. The true specialist is he who, with a good medical education, finds himself impelled, for some reason, to treat some one class of diseases, and to investigate them more fully than can be done by the general practitioner. The doctor satirized the practitioners who condemned the gynæcologist. Most of these men were either ignorant or wicked. They belonged to the class who had three rules: 1, Iron for anæmia; 2, Strengthening plaster for the backache; and 3, An alum wash for leucorrhœa. The paper concluded with a statement of the particular knowledge which the medical faculty owed to the specialists. The specialists have a right, therefore to look to general practitioners for support.

The next in order was the paper of Dr. Earle on Rötheln, already published in the Review, and also a supplementary paper by Dr. Roswell Park, giving a history of his cases in the Illinois Eye and Ear Infirmary.

A report prepared by Dr. M. A. McClelland, of Knoxville, on "The Legal Regulation of the Practice of Medicine," was read by the Permanent Secretary, Dr. Jones.

The Committee on Nominations being ready to report, it was moved and seconded that the report be received through its chairman, Dr. E. Ingals.

For President, Dr. Robert Boal, Peoria.
First Vice-President, Dr. A. T. Darrah, Tolono.

Second Vice-President, Dr. Ellen A. Ingersoll, Canton.

Treasurer, Dr. J. H. Hollister, Chicago.
Assistant Secretary, Dr. Wm. A. Byrd, Quincy.

The next place of meeting, Quincy.
Committee of Arrangements, Drs. Jas. Robbin, J. T. Wilson, F. Drude, J. A. Wagner, M. F. Bassett.

STANDING COMMITTEES.

PRACTICAL MEDICINE.

Dr. W. D. Ensign, Rutland, Chairman.
Dr. John Wright, Clinton.
Dr. H. T. Godfrey, Galena.

SURGERY.

Dr. E. W. Lee, Chicago, Chairman.
Dr. D. W. Graham, Chicago.
Dr. J. P. Mathews, Carlinville.

OBSTETRICS.

Dr. J. B. Davison, Malone, Chairman.
Dr. A. C. Corr, Carlinville.
Dr. J. Y. Campbell, Paxton.

GYNÆCOLOGY.

Dr. E. W. Jenks, Chicago, Chairman.
Dr. G. W. Nesbitt, Syracuse.
Dr. F. Cole, El Paso.

OPHTHALMOLOGY AND OTOTOLOGY.

Dr. A. E. Prince, Jacksonville, Chairman.
Dr. W. T. Montgomery, Chicago.
Dr. C. Chenoweth, Decatur.

DRUGS AND MEDICINES.

Dr. Jos. Robbins, Quincy, Chairman.
Dr. T. J. Pitner, Jacksonville.
Dr. L. L. Silverthorne, Charleston.

NECROLOGY.

Dr. E. Ingals, Chicago, Chairman.
Dr. Wm. Hill, Bloomington.
Dr. W. West, Belleville.

SPECIAL COMMITTEES.

On the Relation between Syphilitic and Non-syphilitic Lesions of the Skin, Dr. James Nevins Hyde, Chicago.

On the Management of Diseases of Children, Dr. W. O. Mendenhall, Georgetown.

On Medical Legislation, Dr. W. A. McClelland, Knoxville, Chairman.

Dr. D. S. Booth, Sparta.
Dr. Wm. Hill, Bloomington.

Dr. C. Truesdell, Rock Island.
Dr. E. Ingals, Chicago.
On Diseases of the Nervous Sy
S. M. Wylie, Paxton.

MEMBERS JUDICIAL COUNCIL.

Dr. C. Truesdell, Rock Island.
Dr. C. Goodbrake, Clinton.
Dr. A. K. Van Horne, Jerseyville.

Dr. H. Gradle read a report on the "Infectiousness of Tuberculosis." He reviewed the latest dicta in regard to tubercle. It is now well settled that tubercle can be communicated by inoculation. The period of incubation varies in various animals, ranging from two to four weeks. The paper discussed the anatomical structure of tubercle, and the phenomena attending its appearance. Inoculation will prove that scrofula is essentially a species of special tuberculosis. The question "Can anything else than a specific virus produce tuberculosis?" has been settled by the general belief that it cannot, although for some time it was believed that certain kinds of irritation would produce tubercle. Even rabbits and guinea-pigs do not take tubercle unless by inoculation. The disease, therefore, depends upon a specific virus. The period of incubation in guinea-pigs and rabbits varies from twenty to thirty days. Deducible from this is the question "To what extent is phthisis contagious?" Only clinical experience can answer. Milk, containing tubercular virus, may propagate it. A very small amount of the virus is all that is necessary. As to the question "What produces tubercle?" the answer made by several observers is, that it is bacteria. The paper discussed, at some length and with much clearness, this and other questions relating to this interesting subject.

THE BANQUET AT THE GRAND PACIFIC HOTEL.

The following is the programme and menu:

PROGRAMME.

MUSIC.

GRACE.

BANQUET.

DR. H. A. JOHNSON, Chicago, PRESIDING.

MUSIC.

TOASTS.

- 1. OUR ANNUAL REUNION.
"They have measured many a mile
To tread a measure with you on this grass."
Dr. Geo. Wheeler Jones, Danville.
- 2. THE PRESS.
"Who is it in the press that calls?"
Hon. Wm. K. Sullivan, Chicago.

MUSIC.

- 3. "CHICAGO."
"What imports the nomination of this gentleman?"
"Such is the patriot's boast, where'ere we roam,
His first best country ever is at home."
Hon. Carter H. Harrison, Chicago.
- 4. THE PROFESSION: WE LIVE BY IT, AND WE DIE BY IT.
"A hit: a very palpable hit."
Dr. B. M. Griffith, Springfield.
- MUSIC.
- 5. MEDICAL DUCKS THAT DON'T QUACK.
"Wherefore whatso ye have to saye,
In things about your arte,
Let it be done among yourselves,
In secrete and aparte."
Dr. Chas. T. Parkes, Chicago.
- 6. UNANIMITY IN MEDICINE.
"How full of briars is this working-day world!"
"What's mine is yours, and what is yours is mine."
DR. D. R. Brower, Chicago
- MUSIC.
- 7. THE BROTHER PROFESSIONS.
"That boy we call Doctor,
And this, we call Judge."
Hon. James L. High, Chicago.
- 8. GOOD NIGHT.
"The fires of youth extinguished quite,
Comes age, like embers, dry and white:
Think of this as you take tobacco."
Dr. N. S. Davis, Chicago.

MUSIC.

MENU.

SOUP.

Green Turtle.

FISH.

Baked Black Bass,

REMOVES.

- | | |
|------------------|------------------|
| Sirloin of Beef. | New Potatoes. |
| Spring lamb. | Mashed Potatoes. |
| Capon. | Sliced Tomatoes. |
| Loin of Veal. | Green Peas. |
| Asparagus. | Cucumbers. |

ENTREES.

- | | |
|--|--------------------|
| Sweetbreads, Larded, aux Petits Pois. | |
| Fricassee of Chicken, aux Champignons. | |
| Rice Croquettes, Lemon Flavor. | |
| Shrimp Salad. | Pate de Foie Gras. |
| Mayonnaise of Chicken. | |
| Snow Pudding, Brandy Sauce. | Charlotte Russe. |
| Confectionery. Assorted Cake. | Chocolate Eclairs. |
| Oranges. | Bananas. |
| Strawberries with Cream. | Nuts. |
| | Raisins. |
| | Vanilla Ice Cream. |
| | Lemon Sherbet. |

Biscuit. Cheese. Coffee.

The occasion was marked by as much hilarity as might be expected from the limpid liquid which was administered to the thirsty souls thereon assembled. Some of this water got into the speeches, which partook much of the same nature as the refreshments. The Reverend Dr. Edwards said grace, imploring the Lord to grant wisdom to those assembled. After which Dr. H. A. Johnson, in a brief felicitous speech,

alluded to the relation between good dinners and good speeches, and the tendency of the latter to lose their strength like champagne when too long exposed to the air. The latter reference was purely ex parte. Dr. Johnson then called on Dr. G. Wheeler Jones to respond to the first toast. "Our Annual Reunion." In response to which Dr. G. Wheeler Jones made the next speech.

The toast "The Press" was responded to by the Hon. Wm. K. Sullivan, who alluded in a pleasant way to the homœopathic dose which would be given to an allopathic audience on the subject of "The Press." This was rendered possible by the fact that the press appeals to the public in some one way several times each day. He also felt honored because the Committee of Arrangements had placed the press almost at the top of the list, whereas it is generally found at or very near the bottom.

The speaker congratulated the profession, saying that it is a fact well known that there are no medical men better known than those of Chicago. People come from all parts of the country to consult them. He also alluded to the work which the press had to do for the profession, in giving notices of the college commencements and the list of graduates. When they are married the press write them up, and when they kill a distinguished citizen, it gives them a chance to write a first-class obituary. And at last, when the physician dies, for he sometimes does, we once again have a chance to fill the columns of our daily papers. Mr. Sullivan then spoke of the amount of good done by the press in exposing and suppressing the quack, and concluded by saying that the work done by the press for the medical profession was something to be not lightly thought of.

The next toast was "Chicago." Dr. Johnson, in introducing Mayor Harrison to respond, said Chicago is a modest city, and all her people are modest. But one man could in any way speak in adequate terms of the gem of all the cities of the world.

Mayor Harrison, in responding, said that he was not quite so modest as a Chicago man ought to be, and yet he was brave. He confessed some little alarm at trusting himself among so many doctors, when he looked over the vast assemblage, and thought of the wisdom and skill, and also the power to kill, of the audience before him. He was of the opinion that enough physicians were present to kill all Chicago without touch-

ing the water. "We have," he said, "in Chicago eight hundred physicians, and they are all prosperous, and yet, in spite of this, we have the healthiest city in the world." His honor had great reverence for the medical profession, and also great fear of them, for when he came into the world he began to cry because a doctor touched him, and expected to go out of it with a doctor's hand on his pulse. He was of the opinion that the press made the doctors prosperous, for they "write up" every case of diphtheria or small pox, and the people are immediately scared to death and send for the physician. After several references to the subject of Chicago and its enterprise, the speaker closed by saying that in Chicago, physicians always have an infallible staff to lean upon for diagnosis, namely, "the water." The water accounts for everything in the eyes of the Chicago physician, and to it are all diseases referred.

Next in order was the toast, "The Profession; We live by it, and we die by it;" responded by Dr. E. P. Cook, of Mendota, in a peculiarly pleasing manner. It was so full of "very palpable hits" that no abstract however full, would do it justice.

After music by the orchestra, Dr. Chas. T. Parkes responded to the sentiment "Medical Ducks that don't Quack." In commencing, the Doctor confessed to not being well up in the anatomy of the duck. It is, however, as natural for ducks to quack as it is to nibble grass or lay eggs, and most of their quacking is simply for amusement, and he was not sure but what it is a harmless amusement. He spoke of the several ways in which the sentiment might be construed, and ended with the expression that if the present condition of affairs were to continue, it would require fifty years to acquire a preparatory education, and fifty more in learning the profession. What every young man wants is a chance to study without any third or fourth term humbuggery, but with good teachers and plenty of enthusiasm.

The next toast, "Unanimity in Medicine," was responded to by Dr. D. R. Brower, who congratulated the society upon the good feeling which had characterized this meeting, also upon the general fraternity feeling among the profession generally. After several other equally important remarks, the speaker sat down.

"The Brother Professions" was responded to by Hon. James L. High, representing the legal profession, and proved

be one of the best sentiments of the evening. The speaker alluded to the nearness of the two professions, and pleaded for a higher education of all who shall apply for admittance to any of the professions.

Rev. Dr. Edwards responded in a neat speech in behalf of the clergy and put himself on record as regards "pathies."

The last, and, we were about to say, the best speech of the evening was the response of Dr. N. S. Davis to the sentiment "Good Night" which was an earnest and eloquent appeal for more practical and more strictly scientific work on the part of the Society.

The Banquet was in most gastronomical respects a success, and much credit is due Messrs. J. B. Drake & Co. for the cordial manner in which they received and entertained their guests on this occasion.

THIRD DAY—MORNING.

The Society re-assembled at 9:30 A. M. The first business was the report of the Committee on Necrology. In the absence of the chairman of the committee, Dr. E. Ingals, the President gave an oral synopsis of the report, which was a short biography and eulogy of the late Dr. F. H. Davis of Chicago, son of Dr. N. S. Davis.

The first paper read was one on "Chian Turpentine," by Dr. E. Andrews, of Chicago. This substance, he said, is extremely rare, it being very difficult to obtain pure. He reported two cases which, if properly diagnosed, had been cured, and several others which had not been benefitted by its use. On the whole, Dr. Andrews was inclined to believe that the drug might be found to be beneficial, although the data for determining were not sufficiently full.

Dr. Plym. S. Hayes read a paper on the "Permanent Removal of Hairs by Electrolysis." It was maintained that this process was effectual and painless, except for a moment while application of the electricity was being made.

Dr. Roswell Park, of Chicago, read a paper on the "Surgical Anatomy of the Sheaths of the Palmar Tendons." The doctor maintained that the text books were defective in regard to the anatomy of this portion of the human frame. He gave minute details concerning the sheaths and the best methods to be employed to extirpate disease from them.

The Board of Censors reported a resolution recommending the acceptance of the resignation of Dr. S. L. Kerr of El Paso.

Dr. C. Truesdell of Rock Island, dis-

cussed "Listerism and Carbolic Acid." He urged that carbolic acid possessed some property in addition to its antiseptic principle, enabling it to act as a powerful local stimulus of the vaso-motor nerve fibers, so as to diminish the size of the blood vessels.

Dr. J. P. Johnson of Peoria, followed with some observations on the effects of carbolic acid, and detailing some remarkable cures through its use.

The Committee on State Register, through its Chairman, Dr. E. P. Cook of Mendota, reported that the register now prepared by the State Board of Health was probably as perfect as the doctors themselves could devise. On motion the report was adopted and the committee discharged.

Dr. J. H. Hollister, of Chicago, in resigning the office of Treasurer, which he had held for twenty years, reported the finances to be in excellent condition, with a fine balance on hand.

Resolutions of thanks to the various officers, committees, the press, and others, for efficiency in the transaction of business or for favors, were adopted, and delegates were appointed to various medical gatherings as follows:

DELEGATES.

American Medical Association, meeting at St. Paul in June, 1882—Drs. J. H. Hollister, Chicago; W. T. Kirk, Atlanta; W. T. Montgomery, Chicago; George Wheeler Jones, Danville; E. P. Cook, Mendota; A. Hard, Aurora; Robert Boal, Peoria; G. W. Nesbitt, Sycamore; Sarah Hackett Stevenson, Chicago; J. M. Cowen, Hennepin; W. R. Shinn, Fielding; William M. Call, Princeton; Catherine B. Slater, Aurora; J. Perrin Johnson, Peoria; John R. Livingood, Rossville; J. W. Whitnire, Metamora; S. T. Hurst, Green View; Ellen A. Ingersoll, Canton; D. Lichty, Rochelle; D. E. Foote, Belvidere; D. S. Jenks, Plano; R. G. Bogue, Chicago; T. D. Washburn, Hillsboro; C. Truesdell, Rock Island; A. H. Kinneer, Metamora; David Prince, Jacksonville; E. W. Jenks, Chicago; Washington West, Belleville; H. P. Newman, Chicago; D. S. Booth, Sparta; W. H. Fitch, Rockford; Thomas Galt, Rock Island; W. L. Ransom, Roscoe; J. W. Dora, Mattoon. Wisconsin State Society—Roswell Park, Chicago. Indiana State Society—W. O. Mendenhall, Georgetown; William M. Chambers, Charleston. Ohio State Society—J. R.

Corbus, La Salle; Daniel Lichty, Rochelle. Michigan State Society—J. H. Hollister, Chicago; Edward W. Jenks, Chicago. Kentucky State Society—M. W. Hurst, Sweet Water. Missouri State Society—H. W. Morehouse, Danville. Iowa State Society—M. A. McClellan, Knoxville; S. C. Plummer, Rock Island. Minnesota State Society—B. F. Crummer, Warren. International Medical Congress, meeting at London in August next—Drs. R. N. Isham, Chicago; D. L. Miller, Chicago; S. J. Jones, Chicago, William A. Haskell, Alton; David Prince, Jacksonville.

A paper on "Opening and Drainage of Cavities in the Lungs," by Drs. Christian Fenger and J. H. Hollister, of Chicago, was read by title and referred to the Committee on Publication.

At 1 o'clock the Society adjourned, to meet at Quincy in May, 1882.

CONTRIBUTIONS.

CONIUM IN THE TREATMENT OF ACUTE MANIA.

BY JAMES G. KIERNAN, M. D., CHICAGO, ILL.

The history of this drug furnishes an apt illustration of the influence of, what may be termed, fashion in therapeutics. Known to the ancient Greek physicians, and used in state executions, as witness the case of Socrates, it remained relatively little used until the year 1761, when its extract was introduced by Storck, as an agent of marvelous power. Whytt, who appears to have anticipated many modern neurological discoveries, was among the earliest to describe the characteristic physiological effects of Conium in his work on the "Nature and Treatment of Nervous Disorders," published in 1765. Harley, however, by his lectures on "Old Vegetable Neurotics," published in 1868, revived the interest in this old remedy, which had again fallen into desuetude. On becoming connected with the New York City Asylum for the Insane, Ward's Island, I was led, through having an objection, which I still retain, to the use of opium in conditions like acute mania, where indications of cerebral congestion are present, to select an agent which would possess all the calmative effects of opium, without its tendency to produce cerebral congestion. The remedy especially indicated was one which would calm motor excitement, and from its physiological effects Conium appeared to be the one needed.

The various preparations of this drug given in the pharmacopœia were tried, but the majority were of little effect. The succus seemed occasionally to give good results, but was very variable in its action. A fluid extract made by Squibb, was at last obtained. The first case on which it was used was a large, powerful man, violent and incoherent both in words and actions, but displaying no traces of either delusions or hallucinations. He was given 1.60 of the fluid extract already alluded to, and in twenty minutes he was noticed to be somewhat giddy, and less violent especially in his actions. At the end of an hour, as the effects seemed to have in some respects passed off, he was given 1.60 more of the same preparation. He was now found to be unable to walk, glared somewhat fiercely at any one entering the room, but did not attempt to molest them. These effects of the drug lasted for five hours, when the patient again became violent. He was given, just before retiring, 3.20 of the drug, which rendered him calmer during that night than he had been for weeks, even when under treatment with chloral, hyoscyamus, or morphine, which had been previously administered for their hypnotic effect. This treatment was kept up for six weeks, when the patient was discharged, recovered. The drug rendered the patient calmer, but evidently did not produce slumber by its direct hypnotic effect. In the second case, this experience led to a modification of the treatment. The patient had been under treatment at home by a physician, and had received by his prescription from 1.80 to 3.60 of chloral hydrate at night, but without marked hypnotic effect, whereupon the patient was transferred to the asylum. On admission he was restless and excitable, claimed to be the son of a king, yelled and sang incoherently, and displayed evidences of temporary hallucinations of hearing. He was placed immediately under 1.20 of the fluid extract of Conium, which quieted him markedly for an hour, when he again became excited. The same dose of Conium was again administered, calming him, though for a much shorter period than before. The dose was doubled, and the patient remained relatively calm during the next six hours. On his retiring, 2.00 of fluid extract of Conium were given, but although quiet during the night, he did not sleep. During the next day the patient received 4.00 divided in four doses at intervals of three hours each,

and remained comparatively quiet during the day. The next night he was given R. Extract. fluid. conii; Extract. fluid. hyoscyami aa., 90; chloral. hydratis, 120; aquæ q. s. ad 8.00. M. At a dose. Under this treatment the patient slept well. This form of treatment was kept up two months, when the patient recovered. In a case of recurrent mania the symptoms presented were much the same, and the same treatment was used; the patient recovered after less than his usual period of insanity, and in a much better condition physically. Case Four was a man arrested for attempting to undress in the street, and found to be insane. He sang for the first three nights and days of his detention, and remained sleepless despite the large doses of chloral hydrate given him by the police surgeon. He claimed to be engaged in a walking match, and rushed wildly around the asylum room when admitted. He was sent to a ward and ordered 1.20 of the fluid extract, under which he quieted down markedly, and by the following morning the delusion respecting a walking match had completely disappeared. He was kept under the influence of Conium almost constantly for three weeks, its use being than had recourse to, only at night. Under this treatment the patient's physical condition markedly improved, and after four months of treatment he was discharged, fully recovered. This case tends to confirm the opinions of Bouchefontaine concerning the action of Conium (Review, Volume III, No. 6, 1881). The Conium appeared to have a direct effect on the delusion of the patient, but this was evidently due to its repressing the nervous motor excitability, and thus removing the source of the delusion.

Cases of this kind could very easily be duplicated, but they would be simply repetitions. The cases certainly do not show that Conium is a specific for acute mania, nor do they show that acute mania does more than recover under the use of the drug. Acute mania is a relatively self-limited disease, having as a rule a tendency to end in recovery or death, and death occurs generally from exhaustion which is produced by the intense motor excitement arising from the nature of the disease. Conium quiets this motor excitement, thus removing a tendency to exhaustion and consequent death. The motor excitement may act disastrously in two ways: first, directly; secondly, by producing delusions, which in their turn cause fresh motor ex-

citement. From this action of the drug and from the cases cited, it seems to me that the following conclusions can safely be drawn: First, that Conium is of marked benefit in acute mania. Second, that it may apparently cause the disappearance of delusions and possess an apparently hypnotic action, but that both these circumstances are due to its removing the motor excitability which is the source of the delusive ideas and the cause of the patient's insomnia. Third, that in accordance with Bouchefontaine's opinion, the action of the drug is on the nervous centres directly. Fourth, that while Conium has no direct hypnotic effects itself, it promotes the hypnotic action of other drugs by removing the motor excitement which interferes with slumber. Fifth, that it may be given in larger doses than it is generally administered in. Sixth, that its chief beneficial action in acute mania is derived from its prevention of extreme exhaustion arising from increased motor excitement. Finally, I may say that despite the cant now so prevalent among certain alienists about the "chemical restraint of the brain cell," I do not conceive it to be the physician's duty to permit the patient to die of exhaustion from the psychoses.

CORRESPONDENCE.

ENFORCEMENT OF MEDICAL PRACTICE ACT—HEALTH COMMISSIONER—MEDICO-LEGAL MATTERS.

NEW YORK, May 15, 1881.

The first attempt at enforcement of the New York Medical Practice Act was made by the arrest of "Dr." A. E. Cox, on the affidavit of Dr. A. E. M. Purdy, president of the New York County Medical Society, for perjury. The defendant admitted having no diploma, but claimed that he had bribed some officials in the New York County Clerk's office, to register him. He claimed to have graduated at Castleton, Vermont, which claim was disposed of by an affidavit to the contrary from the dean of that extinct college.

An amusing episode occurred in connection with the recent nomination by the Mayor of New York, of a candidate for the position of Health Commissioner, made vacant by the expiration of the term of office of Dr. Janeway. It was stated in the daily papers, that a Professor in a Stock Medical College, who by the way, had been hissed out of the lecture room, in regard

to whom the students had petitioned the faculty for his removal, was to be proposed for the position, with the expectation that the Board of Alderman would defeat the appointment. The anticipated reason was, that it was generally known that the Joint Stock Medical College Professor spent the summer at Saratoga, and the winter in Florida, to recover from the prostrating effects of his activity during the balance of the year. That a man could even be thought of in connection with such a position who was absent from the city the greater part of the year, is sufficiently remarkable. And this seems to have been recognized, for his name was not submitted, a life insurance examiner being proposed instead, and there the matter stands. On the ground of civil service reform, the Mayor had been urged to nominate Dr. Nagle, a tried and capable official of the Board of Health, but the filthiest political considerations prevailed against this, as in most similar matters in the political sphere of the great metropolis.

An increasing interest is manifested in courts of law with reference to spinal affections. In addition to the litigation arising out of railway injuries to the spine, and from injury inflicted by human violence, as illustrated in the Deputy-Hazzard case, diffuse cerebro-spinal sclerosis now has entered the medico-forensic field. In the case of Higgins versus Higgins, where the plaintiff desires to have certain grants of money set aside on the ground of undue influence, Dr. Spitzka was called, and testified that the power of certain patients to resist undue influence was greatly weakened by this disease, and especially did this apply to the case of the plaintiff, with whom there were pronounced mental and physical symptoms of cerebral involvement. The outlines of the case are as follows:—The suit was brought by George Higgins against his wife Hannah, for an accounting and other relief. When Mr. Higgins married the defendants she was a widow, with two daughters by her former husband. He testified yesterday that for twenty-three years he was employed by A. T. Stewart, earning much of the time a large salary, which he turned over to his wife for investment on his behalf, his duties being so engrossing that he could not attend to the matter himself, and she, he said, invested a part of the money he gave her in real estate in her own name, and some in the names of her two daughters and grandson. When he left A. T. Stewart & Co., by reason of cere-

bro-spinal sclerosis, his wife refused, he testified, to allow him to live with her, or to provide him with money, and sent him to Bellevue Hospital, first taking from him his diamond jewelry, gold watch, and other valuables. Then she procured his incarceration in the Middletown Lunatic Asylum on the plea that he was insane. He remained there six months, and then she sent him to Chicago, paying his fare, and giving him a little money. She advised him, he said, to take laudanum and end his troubles, observing that there was no hereafter, and that she would get the amount of the insurance on his life. He was in so weak a state, bodily and mentally, that her domination over him was so complete that he was at first tempted to do as she bade him. She always exercised absolute control over him, he asserted, so that her frown made him tremble. He asks that the real estate purchased with his money may be declared to belong to him. The case is still on trial. Mrs. Higgins denies the material allegations of her husband. Dr. Lewis H. Sayse has been recently subjected to a blackmailing suit by a woman of light character for poisoning her with nuxvomica while she was under medical treatment: she was, however, non suited.

K

REVIEWS.

A MEDICO-LEGAL TREATISE ON MALPRACTICE. Medical Evidence and Insanity. J. J. Elwell, member of the Cleveland bar, one of the editors of the new edition of Bouvier's Law Dictionary, Professor in Ohio State and Union Law College, and Western Reserve Medical College. Baker, Voorhis & Co., New York, 1881.

While this work cannot be compared with Taylor, Wharton and Stillé, Caspar, or any of the better known text-books on forensic medicine, it will still subserve a useful purpose in dealing rather concisely with topics of value to the practitioner. The sections on malpractice and medical evidence are well-written and valuable. Those on insanity are very imperfect, and calculated to give very erroneous ideas. The author has fallen under the influence of the Utica school of alienists, and the quality of his psychiatry is therefore easily judged. To him who cannot procure any of the works already mentioned, this work may prove valuable. The book is well bound in calf and fairly printed.

THE ARMY.

OFFICIAL list of Changes of Stations and Duties of Officers of the Medical Department, U. S. Army, from April 29, 1881, to May 12, 1881.

King, Wm. S., Colonel and Surgeon. His extension of leave of absence on account of sickness, granted him Nov. 9, 1881, from A. G. O., still further extended six months on account of sickness. S. O. 105, A. G. O., May 7, 1881.

McParlin, T. A., Major and Surgeon. His promotion to Asst. Medical Purveyor, with the rank of Lieut. Colonel, vice, Cooper, deceased, confirmed by the Senate May 10, 1881.

Bache, D., Major and Surgeon. Relieved from duty in Department of California, to proceed to Philadelphia, Pa., and report by letter on arrival, to the Surgeon General. S. O. 104, C. S., A. G. O.

Greenleaf, Chas. R., Major and Surgeon. To report to Superintendent General Recruiting Service to conduct a detachment of recruits to Department of Dakota; and on completion of this duty to join his station (Fort Shaw, Montana Ty.). S. O. 95, A. G. O., April 26, 1881.

McClellan, Ely, Major and Surgeon. To report to the Medical Director of the Department for duty until further orders. S. O. 56, Department of the Columbia, April 26, 1881.

Hartsuff, A., Major and Surgeon. Relieved from duty in Department of the East, to take effect June 1, 1881, then to report in person to commanding general, Department of the Missouri, for assignment to duty. S. O. 104, A. G. O. May 6, 1881.

Middleton, J. V. D., Major and Surgeon. Granted leave of absence for one month. S. O. 78, Department of the East, May 2, 1881.

Middleton, J. V. D., Major and Surgeon. Relieved from duty in Department of the East, to take effect June 1, 1881, then to report in person to commanding general, Department of the Missouri, for assignment to duty. S. O. 104, C. S., A. G. O.

Brown, Justus M., Capt. and Asst. Surgeon. Promoted Surgeon with the rank of Major, vice McParlin promoted. Promotion confirmed by the Senate, May 10, 1881.

Brown, J. M., Capt. and Asst. Surgeon. Relieved from duty at Fort Lewis, Col. S. O. 86, Department of the Missouri, May 3, 1881.

Hubbard, Van Buren, Capt. and Asst. Surgeon. Relieved from duty in Department of California, to proceed to New York city and on arrival report by letter to the Surgeon General. S. O. 104, C. S., A. G. O.

Gardner, W. H., Capt. and Asst. Surgeon. Relieved from duty in Department of the South, to proceed to Washington D. C., and report in person to the Surgeon General. S. O. 104, C. S., A. G. O.

Cunningham, T. A., 1st Lieut. and Asst. Surgeon. Now awaiting orders at Danville, Va., to report to commanding general, Dept. of the South for assignment to duty. S. O. 104, C. S., A. G. O.

Caldwell, D. G., Capt. and Asst. Surgeon. Relieved from duty at Fort Fred. Steele, Wyo., and assigned to duty at Fort Sanders, Wyo., as Post Surgeon, relieving Asst. Surgeon Kimball. S. O. 36, C. S., Department of the Platte.

Koerper, E. A., Capt. and Asst. Surgeon. Relieved from duty in Department of the Platte, to proceed to Philadelphia, Pa., and on arrival, report by letter to the Surgeon General. S. O. 104, C. S., A. G. O.

Lippincott, Henry, Capt. and Asst. Surgeon. Having reported at these Headquarters, is assigned to duty as Post Surgeon at Fort Niobrara, Nebraska. S. O. 36, Department of the Platte, April 29, 1881.

King, W. H., Capt. and Asst. Surgeon. Relieved from duty in Department of Dakota, and, on expiration of his present sick leave of absence, to report by letter to the Surgeon General. S. O. 104, C. S., A. G. O.

Kimball, J. P., Capt. and Asst. Surgeon. Assigned to duty at Ft. Sidney, Nebraska, as Post Surgeon. Relieving Asst. Surgeon M. Daseley. S. O. 36, C. S., Department of the Platte.

DeWitt, C., Capt. and Asst. Surgeon. Relieved from duty in the Department of the Platte, to proceed to Philadelphia, Pa., and on arrival report by letter to the Surgeon General, S. O. 104, C. S., A. G. O.

Harvard, V., Capt. and Asst. Surgeon. Relieved from duty at Presideo del Norte, to proceed to Ft. Concho, Texas, await there the arrival of Capt. Livermore, Corps of Engineers, and report to him by letter. S. O. 63, Department, of Texas April 28, 1881.

Moseley, E. B., Capt. and Asst. Surgeon. Assigned to duty as Post Surgeon at Fort Fetterman, Wy. T. S. O. 36, C. S., Dept. of the Platte.

Maus, L. M., Capt. and Asst. Surgeon. Relieved from duty in Dept. of Dakota, to proceed to Washington D. C., and report in person to the Surgeon General. S. O. 104, C. S., A. G. O.,

Reed, W., Capt. and Asst. Surgeon. Relieved from duty at Ft. Henry, Md., and to report to the commanding officer, U. S. Barracks, D. C. for duty at that post. S. O. 76, Dept. of the East, April 29, 1881.

Shannon, W. C., Capt. and Asst. Surgeon. Now awaiting orders in New York city, to report in person to commanding general, Dept. of the Platte for assignment to duty. S. O. 104, C. S., A. G. O.

Bushnell, G. E., 1st Lieut. and Asst. Surgeon. To proceed to Ft. Yates, D. T., and report to the commanding officer of that post for duty. S. O. 81, Dept. of Dakota, May 6, 1881.

Burton, H. G., 1st Lieut. and Asst. Surgeon. Relieved from duty at Ft. Niagara, N. Y., and assigned to temporary duty at Ft. Wadsworth. N. Y. H. S. O. 78, C. S., Dept. of the East.

Cochrane, J. J., 1st Lieut. and Asst. Surgeon. Relieved from duty at Ft. Lewis, Colo., and assigned to duty at Ft. Garland, Colo., S. O. 86, C. S., Dept. of the Missouri.

Chicago Medical Review

PUBLISHED ON THE FIFTH AND TWENTIETH OF THE MONTH.

E. C. DUDLEY, EDITOR.

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MEDICINE IN THE LEGISLATURES.—The legislative sessions of most States have just ended, and most of them have been marked by abortive attempts at reform in various matters connected with medicine. In Massachusetts an attempt to regulate the practice of pharmacy was defeated by a very decided majority. In Michigan a bill regulating the practice of medicine, drawn by reputable physicians, has been killed, but one drawn up by an advertising homœopathist, a spiritualistic practitioner and a "layer on of hands," has a fair prospect of passage. This bill, however, cannot be much more absurd than a medical practice law of New York, which was for several years in operation, and which prohibited all unqualified practice of medicine except with "roots, barks and herbs grown in the United States." An attempt to regulate the practice of medicine in Iowa has failed, but only by a slight majority. Taking the subject as a whole, in the different States there has been positive progress, and this is seen no where to more advantage than in laws, passed by the last Illinois Legislature, in relation to medical matters. The act regulating the practice of pharmacy, the act regulating the practice of dentistry, the act providing for the prevention of adulterations, the act in regard to pleuro-pneumonia, and the act pro-

viding for the inspection of tenements, are all laws which, while capable of further improvement, are still a great advance over the state of things previously existing.

SHALL HOSPITAL INTERNES BE PAID? is a question which is just now assuming some little importance. At first sight, there appears to be but one side to this question, and that the affirmative one. The young physieian who enters an hospital usually devotes a great deal of time to things that certainly are not remunerative either from a pecuniary or scientific standpoint; his immediate medical superior is either too busy, or, it may be delicately hinted, too dilettante a physician, to give much instruction to his subordinates, and the latter frequently runs through his hospital service, having picked up but few facts likely to be of value, and without ever having been trained to observe. The cause of this state of things is the appointment of large consulting staffs of dilettante physicians, merely for social reasons. But to pay the interne, would simply be to introduce the element of office seeking, which is the bane of the United States. The friends of some alderman or ward boss would receive the position in all city hospitals if salaried, and some member of the social clique ruling the private hospitals

would receive their appointments. Abstractly, therefore, the physician should be paid for his services, practically, to do so would be to still more deteriorate the now too imperfect system of hospital management. Payment of salaries, it is almost certain, would result in the appointment of very inferior physicians, governed solely by political and mercenary considerations. Under the present system there is certainly some intention to sacrifice time in the acquirement of knowledge, under the salaried system, the elevating influence which such sacrifice entails, would disappear.

THE PLEURO-PNEUMONIA ACT is chiefly remarkable for the creation of a new office, that of State Veterinarian. While the law may be subjected to much criticism, as giving too great power to a single individual, its provisions will certainly enable some check to be made to the ravages of pleuropneumonia, and if the State Veterinarian selected be a person of the proper scientific spirit, much that is of interest in comparative medicine will undoubtedly result from the abundance of material at his disposal.

AMNESIA.—While it is gratifying to find the Chicago Medical Review extensively quoted abroad, it would be more agreeable if the proof-reader of the British Medical Journal did not suffer so much from amnesia, as the editor's intention of giving the Review due credit for the articles on the "Bisulphides in Diphtheria," and the "Benzoic Acid Treatment of Cystitis," has been doubtless thus frustrated.

THE SAYRE MALPRACTICE SUIT.—Formerly surgeons had a monopoly of malpractice suits. Physicians are now beginning to appreciate the beauties of these suits at the hands of hysterical women. Dr. Lewis H. Sayre is the latest victim of an unsuccessful blackmailing attempt of this kind. That the plaintiff should have been nonsuited is not surprising, for at no time had she the faintest shadow of a case, but what

is, both surprising and painful, is, that a regular physician noted for his denunciation of specialists, and for his disclaimers of specialism, should have placed himself on record as a specialist, solely for the purpose of enabling a woman of light character to despoil a brother physician. That the plaintiff could be believed to have a case, is scarcely credible, and the position of this physician is certainly a rather inexplicable one, for the case considered from any aspect casts a reflection either on his honesty or his capacity.

THE TENEMENT HOUSE LAW relates chiefly to the inspection of plumbing in tenement houses, and places this in the hands of the Commissioner or Commissioners of Health. Considering the numerous diseases that are produced or aggravated by defective plumbing, a bill like this will likely result in a great diminution of infant mortality, tenement houses being one great source of the increase of this during summer, and defective plumbing has been a potent cause of this. The law provides that plumbing shall be done in such a manner as to be very readily accessible on all occasions. The law has been very properly made subject to an emergency clause.

THE ILLINOIS PHARMACY LAW.—The medical profession are much to be congratulated on the passage of this. While markedly defective in some respects, for example the clause permitting the sale of "domestic remedies," by grocery and variety stores where pharmacies exist, the law is a great advance on the chaotic state of things previously existing. It certainly furnishes a good foothold for future advance. By close observation many defects not now apparent may be detected and eliminated. That the amendment permitting graduates in medicine to practice pharmacy without further examination has passed, is certainly not a subject for congratulation. With the imperfect instruction on this subject, given in most of the regular schools, and

the absence of such instruction in the irregular schools the State, since this amendment passed, will likely be flooded with very badly educated pharmacists.

AMONG THE RECENT attempts to fill vacua in medical journalism are the Pathologist of Brooklyn, N. Y., the Microscopist of Ann Arbor, Michigan, and the "Arkansaw Doctor." What particular void they are destined to fill remains to be determined.

THE ADULTERATION LAW.—This is certainly comprehensive and sufficiently stringent in its clauses to prevent much of the adulteration at present too prevalent. The third section of the law might, without any straining, be so construed as to compell all patent medicine manufacturers to inscribe the composition of the same on the exterior wrapper. While this might be regarded as taking an undue advantage of a law intended for a different purpose, still it is desirable that the composition of such remedies should be known to the populace, who would then be able to rate them at their true therapeutic value.

ABORTIVE MEDICAL REFORMS.—The movement for a medical reform in asylum management began under the best auspices, and as soon as it seemed destined to succeed, a number of laymen and physicians desirous of notoriety intruded their valuable selves on the movement, with the result that the movement, for the time being, appears likely to turn out a dead failure. An association for the prevention of insanity was formed, containing a few asylum superintendents, some neurologists who were not alienists, and a large number of philanthropists. A pamphlet containing the transactions of their first meeting has recently appeared, in which the ubiquitous Dr. Beard, after a few remarks skimming over his favorite topics of neurasthenia and "American" nervousness, reached the climax of his paper by saying that his friend Dr. Shaw had, by abolishing restraint, con-

verted the Asylum at Flatbush into one of the best asylums in the world. This model asylum has just been investigated by Mr. Ripley Ropes, of the State Board of Charities, and if there were a particle of decency in those who have so loudly trumpeted the claims of this institution to the world, there would be a little blushing for the falsehoods which are demonstrated by Mr. Ripley Ropes to have been sedulously scattered over the country from Flatbush as a center. The patients are described as being herded together like cattle, without classification or medical treatment, and with scenes of violence and riot of daily occurrence. No wonder that with such lax and unscientific surveillance escapes are of almost weekly occurrence, while suicides occasionally vary the monotony of the "black eye" record. This testimony reads very like that given nearly a year ago before the New York State Senate Committee, by the well-known alienist and neurologist Dr. L. C. Gray, who from personal observation contradicted point-blank the claims of the superintendent of the institution. At the time, Dr. Gray was bitterly assailed for his frank criticisms; but to-day, through the report of Mr. Ropes, his assertions are confirmed to the fullest extent. The local papers say that when Mr. Ropes had finished reading his arraignment, the board of supervisors were dumb, so that evidently there was a sense of shame here, which seems to have been conspicuously absent in the medical managers, and there is some hope of improvement.

EFFECTS OF ELECTRICITY ON THE BRAIN.—Lowenfeld (*Centralblatt für die medicinische Wissenschaft*, No. 5, 1881) has been experimenting with electrical currents passed transversely or longitudinally through the head, and with one pole placed on the exposed brain, and the other on the neck, after the method adopted by the Legros and Onimus. Lowenfeld claims that his experiments demonstrate; first, that a descending current (the positive pole being placed on the forehead and the nega-

tive on the neck) causes contraction of the vessels of the pia mater; second, that an ascending current (the positive pole being placed on the neck, the negative on the forehead) causes dilatation of the vessels; third, that in transversely directed currents there is dilatation of the vessels in the side of the anode, and contraction at the cathode; fourth, that induced currents, longitudinally or transversely directed, cause hyperæmia of the brain. This point requires further investigation but it seems as if the induced current were not limited to its action on the vessels. Certainly the experiments, if corroborated by other observers, will furnish indications of undoubted therapeutic value.

LITERARY CRUDITIES IN MEDICINE.—The Review has frequently had occasion to note the remarkable evolutions of the human understanding presented to the reader of cotemporary medical literature. But nothing in this line can even remotely compare in its weakness as a literary production, its errors in science and its audacity as manifested in the wholesale appropriation of the work of others, with a paper recently emanating from the asylum at Utica, and published in the *American Journal of Insanity*. Thirty-two pages of singularly involved and incoherent English are strung out on the subject of the condition of "The Brain in Insanity," without a single literary reference. The impression conveyed to the uninitiated is naturally that the propositions advanced are the results of original labor and thought. The fact is, that just as the same writer has on a previous occasion been convicted of making short abstracts from Rindfleisch, at a salary of fifteen hundred dollars a year, paid by the State of New York for such work, so now he has remained true to the principle with which he opened his career as a medical writer, merely varying the programme to the extent of abstracting not from one writer, but from several, and notably from one who has been himself the

severest critic of the pretended scientific work done at Utica and Oshkosh. It is to be noticed that the writer has not been uniformly fortunate in assimilating the essence of the writings which he has dovetailed into his paper. He is under the impression (p. 3) that Ferrier's localizations refer to the white matter of the cerebrum; that "leucocythæmia, obligocythæmia, hydræmia, anhydræmia, progressive pernicious anæmia, pyæmia and septicæmia," produce local hyperæmia, serous exudations, local inflammations and hæmorrhages in the brain (p. 6); that in delirium the temporal convolutions, in melancholiac and maniacal excitement (!) the parietal and central, and in their sequences (whatever these may be) the frontal lobe and base of the brain are chiefly affected, etc. The following features may be original, or are such profound misinterpretations of standard writers, that these would hesitate to acknowledge them as their own. Perhaps as in the case of the Utica crib, the original inventor will blush for the uses to which his invention has been put. Congenital mental weakness is reckoned as a "primary affection of the psychical tracts of physical origin;" nerve fibres terminate in the gray matter "with their specific energies" which, according to every modern writer, do not exist; the Sylvian or temporal lobe is found on page 16; the grey commissures or tracts conduct nerve force (p. 22), and finally in "acute primary insanity" the basal processes of nerve cells undergo "coagulation or gradual contraction," shrink down to little knobs, and the mental continuity is interrupted. Can this writer have had an intuitive perception of the actual value of his own balderdash, when on page 20 of his essay he says: "Language may be called the image of reason, and the facts of its evolution, as presented in the various modes of human speech, are the reflex of the history of reason in the history of mankind, from the loftiest revelations down to absurd developments of morbid human thought and imagination"? The last clause is so neatly ap-

plicable to the paper that the Review prefers to believe that it slipped in accidentally as the writer was glancing over Kussmaul in preparing this part of his wonderful medico-literary effort.

A DRY CHAPTER.—Dr. Beard proposes to have a chapter in his new book on trance, in which all additions to the terminology of trance will be “hung up to dry.”

LEPROSY.—According to Dr. McGrew (New York Medical Record, June 4, 1881), leprosy in the Sandwich Islands was not introduced by the Chinese, has attacked Americans, English and Germans, and is regarded as a contagious and infectious disease, a certain part of one island (Molokia) being set apart for lepers.

SUICIDES IN ASYLUMS FOR INSANE.—A suicidal melancholiac hung herself at Bloomingdale last week. The coroner's investigation showed that the attendant had not looked after the patient for twenty-four hours. In an asylum of that select nature and great resources, an occurrence of that kind is inexcusable.

PAPAIN IN DIPHTHERIA.—Bouchut and Wurtz (Journal de Médecine et de Chirurgie Pratique, May 1881) have found that local applications of this drug act in a very decided manner on the false membranes of diphtheria, but after all the destruction of false membranes is not the only treatment indicated in diphtheria, though such would appear to be a generally prevalent opinion.

DUBOISINA.—Duquesnel (Journal de Pharmacie and Chimie, January 1881) claims to have obtained the alkaloid duboisina in a crystalline form. It has hitherto been known only as an amorphous product. The crystalline alkaloid forms a neutral salt with sulphuric acid. The chemical relationships between the various mydriatic are very close, and whether this alleged duboisina be not an artefact, remains to be settled by further investigation.

APHORISMS IN OBSTETRICS.—Dr. Robert Battey, at the late meeting of the American Medical Association, enunciated the following aphorisms as of value in doubtful cases of pregnancy. First, always consider a married woman pregnant if living with her husband until proved otherwise. Second, always consider an unmarried woman innocent till proved guilty. Third, always believe that a married woman of the highest character, living with a husband of equally high character, both solemnly assuring the medical man that no intercourse has taken place for two years, as she has been bedridden for that time, may bring forth a dead foetus. Fourth, always believe a young unmarried woman with abdominal tumor, of high social position and unimpeachable virtue, if she has been watched over by a platonic and abstemious cousin, while the mother was out, to be pregnant.

SUNDAY SCHOOL QUARANTINE.—The American Medical Bi-weekly (on the authority of the American Tract Society) finds that the proportion between the number of good boys who die early and the number of bad boys who reach a good old age is simply appalling. It calls attention of the National Board of Health to this important fact and suggests as a radical means of relief the quarantining of all the Sunday-schools. The Sunday-schools, for more reasons than one, appear to have been quarantined in the early days of the editor of the American Medical Bi-weekly.

THE NUMBER OF PHYSICIANS registered in the County Clerk's office of New York City, is two thousand two hundred and sixty-six. Taking that city, according to the last census, about one million and twenty odd thousand, there is a proportion of one physician to every four hundred and fifty of the population.

THE Massachusetts Senate has rejected the bill establishing boards of visiting physicians for the State Lunatic Asylums.

REAL AND SIMULATED EPILEPSY.—Gottardi (*Giornale di Medicina Militare*) examines carefully the diagnostic points given by various authors, and comes to the following conclusions: Tactile sensibility, as determined by Weber's compass, immediately after the epileptic attack, is of no value as a means of diagnosis. Permanent alterations of the fundus of the eye are most frequent in cases presenting asymmetry of the face and skull, already recognized by Voisin, Müller, Dumas and Hasse. During the attack, and better still after the attack, temporary alterations occur in the vascularisation of the fundus of the eye, or, isolatedly, of the central vessels of the retina. These alterations are, however, of no value as a means of diagnosis in cases of simulated epilepsy, as they occur under the influences of other causes. The temperature, Gottardi in full accord with the results of Charcot, Bourneville and Jaccoud, finds to be markedly lower after an attack, a conclusion with which other observers are very likely not to agree. The sphygmographic traces obtained by Gottardi corroborate those obtained by Voisin. In epileptics, after the attack, the mean pulse is, according to Gottardi, lower than normal, remaining for a time stationary, then rising to normal. He regards this as characteristic of the disease. It is obvious however that the simulation of epilepsy by a neurotic individual is a somewhat difficult matter to detect.

FROGS AS A CURE FOR INEBRIETY.—The status of the *Journal of Inebriety* as a scientific periodical, may be judged by the following quotation from the *Carracas Scientific Gazette of Venezuela*, which it inserts in its editorial columns without a word of comment: "The following medical prescription never fails to cure inebriety in that country (Venezuela). Three brown-backed frogs are cut up fine and macerated for ten days in alcohol. This extract is given to the patient for two weeks, in half ounce doses three times a day, then diminished. The effect is to destroy all de-

sire for alcohol or its compounds ever after." This prescription seems to have been taken from the *materia medica* of the fifteenth century. It must be admitted, however, that the frogs may be a poisonous variety and thoroughly cure inebriety by sending the patient where alcohol is not likely to be found.

CIRCUMCISION IN THE NEUROSES.—Dr. Newton M. Shaffer (*Annals of Anatomy and Surgery*, May 1881,) discusses the subject of circumcision in the neuroses, and protests against indiscriminate circumcision, apparently on the ground that in his practice and that of Dr. Seguin, a case of reflex paralysis from genital irritation has not been met with. There are others who have been more fortunate in this respect than Drs. Seguin and Shaffer, and it is an open question whether Dr. Shaffer's protest, since the operation is a trifling one, is not calculated to do more harm than good, ignoring, as it does, the mental effect of the operation, always a potent factor in any remedial appliance.

ELECTRICITY IN OBSTETRICS.—Dr. Apostoli recently read a paper on this subject before the Paris Academy of Medicine (*La France Medicale*, April 21, 1881), in which he formulates his results as follows: "Being given a case of a woman just delivered of a child, whether at term or not, I apply immediately to the uterus the faradic current of an increasing intensity. This operation is repeated eight to ten times at least for six days, after a normal delivery; fifteen to twenty times during ten to fifteen days after a miscarriage or difficult labor." This procedure is resorted to for the purpose of hastening and completing uterine involution, to diminish the length of the convalescent period and prevent the complications resulting from the arrest, or slowness of uterine involution. The procedure is said to be fairly successful but it certainly presents some inconveniences, and probably will lead to complications.

CLINICAL PHASES OF ALCOHOL POISONING.—Dr. Frank Woodbury, in a somewhat quasi-elaborate paper on this subject (*Philadelphia Medical Times*, April 9, 1881) comes to the following conclusions: "Acute alcoholic poisoning manifesting itself in the form of coma, convulsions, and mania a potu, is characteristic of the physiological action of alcohol upon a system unaccustomed to its use. Its treatment, in cases of coma and convulsions, is like that of the other narcotic poisons producing paralysis of the respiration, but in mania, powerful cerebral sedatives are required. During the after-treatment alcohol is not necessary, but on the contrary every encouragement by precept and by prescription should be given the patient to adopt total abstinence as his only chance of safety. Chronic alcoholic poisoning exhibiting itself in the form of the horrors, vigilance, delirium tremens, or melancholia, on the contrary bespeaks the existence of a depressed condition of the vital powers due to a saturation of the system with alcohol and consequent degenerative changes." These conclusions show that the author has very confused ideas as to the meaning of terms. It would not be too uncharitable to say that the whole article is strongly suggestive of alcohol in more ways than one.

MALARIA IN SURGERY.—Verneuil (*Journal de Médecine de Bordeaux*, May 1, 1881,) claims that it has been demonstrated: First, that the malarial poison engenders directly a certain number of external affections, apparently of spontaneous origin, but in reality, symptoms of malarial poisoning. Second, that it influences generally in morbid manner, the progress and termination of intercurrent and pre-existing surgical affections. Third, that it acts very frequently and strongly on the reparative progress of accidental or operation wounds, interfering with or arresting their progress; that it creates by means of these wounds, grave complications. Fourth, that traumatism in its turn exercises very often an action on

malarial infection, it awakens or aggravates it, and it is not rare to see these two morbid conditions work together in a vicious circle to the great damage of the patient. These conclusions of Verneuil, while perhaps too strongly put, seem not without value in guarding against certain possibilities of malarial infection in surgical cases.

THE GERM THEORY.—According to some reports every suggestion of this subject at the last meeting of the American Medical Association seemed to act like a red rag, is said to do on a wild bull, on some of the older members. At least one reason can be seen for this antipathy or apathy, for on but few medical topics has there ever been more ink wasted and more nonsense produced, than in the discussions incited by germs. The nonsense seems to come much more profusely from the opponents than from the champions of the germ theory. Dr. E. F. Brush, in an article remarkable for its violet like modesty (*New York Medical Record*, May 21), demolishes the altars of those false deities, bacteria, and degrades them from masters of the situation to mere subservient parasites, satisfied with the spoils furnished them by disease. With evident self-satisfaction the author deprives the bacteria of all their dignity and assigns them their proper rank of insignificance, though it is to be feared he has been just a trifle too sweeping, since he evidently has never been on any terms of intimate acquaintance with the enemies he assails. But the opponents of the germ theory have always held the view that the weapons of criticism can be best wielded in the absence of any prejudice created by a too intimate knowledge of the facts on the other side, as is well illustrated also in an editorial comment in the same number of the *Record*, on Pasteur's hydrophobia researches. The illustrious author, after being patronizingly commended for some other work he has done, is unjustly accused of hasty conclusions as regards the germ origin of the disease. In reality Pasteur

is in about the same position as Darwin, who has really done less theorizing and more in the way of collecting facts, than any opponent or upholder of his theory. Pasteur himself had from the very start criticised, rather sceptically, artificial transmission of rabies, and cannot be said therefore to have been forced to withdraw any of his statements on this subject.

FASTING.—A girl in Scotland attempted to play the rôle of Miss Hattie Deuell, but the canny physician threatened the aspirant for Tannerian honors with asylum treatment resulting in the resumption of a normal appetite. Perhaps a similar method of treatment might be tried with advantage in the American cases, of which a new epidemic is likely to result from the Griscom performance in this city.

LOW TEMPERATURE.—Dr. Walter Mendelsohn (New York Medical Record, June 4, 1881) reports a case in which the rectal temperature was at first examination 90.6°. The patient though being a case of dementia, did not manifest morbid symptoms other than those apparently due to dementia. While as Dr. Mendelsohn states, certain cases of atonic melancholia have a low temperature, his case certainly falls far below the lowest case as yet reported.

LIQUOR OPII SEDATIVUS.—E. B. Shuttleworth, in an article (Canada Journal of Pharmacy, Feb. 1881) on the different forms of liquor opii sedativus, discusses the various inconveniences of laudanum, among which he mentions the fact that laudanum has become an article of too general use to hold its place as a reliable pharmaceutical preparation. He claims that analyses of laudanum in the principal English speaking countries show it to vary in morphia strength, and accordingly the necessity for another liquid preparation of opium arises. While this reasoning is not beyond impeachment, still it must be confessed that a little readjustment of many pharmaceutical methods is certainly required.

DR. WOLFLER, Billroth's assistant, has performed gastrorrhaphy with, so far at least, apparent success.

JUDGE SAMUEL F. Miller, of the United States Supreme Court, was at one time a practicing physician.

DR. WHARTON JONES has resigned his Professorship of Ophthalmology in University College, London.

A RECENT outbreak of scarlatina in Halifax has been traced to the use of milk supplied by a particular milkman.

A MONROE county (New York) female practitioner reported a case of death from "infection of the bowels."

THE PHILADELPHIA County Medical Society has had a mass meeting under its auspices, in favor of a State Board of Health.

THE INDIANS, it is said, antidote the poison of rattle-snake bites by scarifying the wound to the bottom and filling it with salt.

A CHINESE quarterly medical journal, whose name, being interpreted, is the Western Medical News, has the honor of being the first medical journal published in the Celestial Kingdom.

THE LOUISVILLE Medical News solves the prescription problem in the following catechetical manner: Who owns the prescription? The purchaser. Who is its custodian? The apothecary.

THE TITLE of the New York Medical Journal is to be changed to the New York Medical Journal and Obstetrical Review. Is the table to be in this case according to the larder, or the larder according to the table?

MASSAGE IN ILEUS.—Dr. Wilde of Brooklyn, New York (International Journal of Medicine and Surgery, February 19, 1881,) has followed Busch's treatment of ileus, by massage. Fæcal obstruction of the transverse colon was detected, and the nurse was directed to work this in the direction of the sigmoid flexure, which was done, resulting in perfect relief to the patient.

PROCEEDINGS IOWA STATE MEDICAL SOCIETY.

FIRST DAY—MORNING SESSION.

The twenty-ninth annual meeting of the Iowa State Medical Society was held at Dubuque, May 25 and 26. After the meeting was called to order by the President, Dr. S. B. Chase, and prayer was offered by the Rev. W. Fawcett, of Dubuque, Dr. C. W. Belden delivered the following address of welcome:

Mr. President and Gentlemen of the Iowa State Medical Society:

It is with pleasure and gratification we welcome you to our beautiful city. The Dubuque Medical Society fraternize with you in the laudable effort to promote the high objects of our mission. Twenty years have flown since we last met you here. What wonderful changes since. Of the little band who then gave you the warm hand of friendship, only five of us remain to witness present reunion. The others have yielded to the stern demands of time and crossed the dark river, where life's problem with pain and disease is swallowed in effulgent light and knowledge. Their earthly task is finished; let us imitate their virtues and thus hallow their memories, that when we, too, shuffle off this mortal coil, we may draw our robes about us and lie down to pleasant dreams." The doctor then alluded to the changes which had taken place within the past two decades and then said: "With no little national pride we can now point to our war record of surgery, and its medical department, as among the most brilliant, interesting and voluminous of any in the world. Progress in every department of our profession invites special attention. With the physical growth of our country, medicine and its collateral sciences kept even pace. Previous to this era of which we are speaking, many very important surgical operations, it was thought, could only be performed in our large cities. To-day these capital operations are performed by scores of surgeons west of the Mississippi. Our professional growth in every department is an agreeable reflection for every thoughtful man. The elasticity and freedom of mind were never more marked than at present. No one mighty intellect holds all others subservient; only its weight represent all thought as formerly." The doctor then spoke of the tendency now generally evident to underrate authority as authority, and to engage in in-

dependent investigation, and in conclusion said: "We again thank you brethren for the honor conferred on us, in thus giving us your presence, and we trust wise counsel. We greet you cordially and sincerely from the heart, glad to offer you our homes and hospitality. Ask or suggest anything we can aid, or make your stay with us agreeable, and we will cheerfully respond. Again, we say welcome, aye, thrice welcome, and may your labors be successful, and blessed, and we mutually benefitted."

Dr. Williamson, on behalf of the delegates and society, responded as follows:

Mr. Chairman and President of Dubuque County Medical Society:

On behalf of the Iowa State Medical Society I thank you, and through you your society, for which you speak, for the very kind and hospitable welcome just extended to its members. Many of us come here now for the first time, and that the visit will prove to be one of enjoyment to each and all we have every reason to believe. That this was anticipated appears in the fact that more than a year ago this society, by a unanimous vote, decided to hold its twenty-ninth annual session at this place. And truly there are attractions here. Riding into your city this morning I could understand some of the reasons why the society decided to hold its session here. There were attractions here before the hand of man had marred the face of nature; they are here to-day, and will remain in all their beauty and grandeur, to be looked upon by generations to come. It is interesting, too, to remember that we have come together on the spot where Iowa commenced her political existence. Here are her earnest historical memorials. Here art and learning first gained footing in what is now a great and prosperous State. Here Christianity inaugurated her ministry of mercy in the organization of the first church and first Sabbath school. Here justice was first administered according to forms of law recognized and observed among civilized communities, and here sprang up the first newspaper, a kind of John the Baptist in the wilderness, the bearer of messages to saint and sinner alike. These and like memories are awakened afresh in our minds as we come together at this time. What was so well begun was but the promise and pledge of what we witness to-day, a city first in population, first in wealth and enterprise, and the home of citizens whose names are dear to the entire nation, citizens fitted to

be the counsellors of kings and presidents."

The Committee on Credentials, Drs. G. M. Staples, Dubuque; S. E. Robinson, West Union; A. Reynolds, Independence; H. L. Getz, Marshalltown; M. H. Waples, Dubuque, then reported favorably on the admission to membership of the Iowa State Medical Society, of the following physicians: Drs. A. S. Carnahan, Andrew Lawrence Miller, Bellevue, from Jackson County Medical Society; Dr. C. F. Waldron, Fayette County Medical Society; Drs. R. A. Patchen, H. Pritchard and L. C. Swift, of Des Moines, from the Polk County Medical Society; Drs. E. H. Dudley and A. O. Stout, Butler County Medical Society; E. H. King, West Liberty, Muscatine County Medical Society; Drs. C. W. Belden, Nancy M. Hill, J. S. Lewis, J. E. Bready, of Dubuque County Medical Society; Drs. J. Farquarhsona, Davenport, J. N. Wilson, Waverly, J. R. Ward, Iowa City Medical Society; Drs. Jno. W. Carson, Mt. Vernon, N. L. Kean, O. B. Harriman, of the Medical Society of Northern Iowa; Drs. Frank W. Chase, Chas. Cutler, Mitchell County Medical Society; Drs. J. T. Brennan, I. D. Holmes, Botna Valley Society; S. C. Cummings, Sand Springs, Delaware County Society; Dr. Wm. Boyes, Waverly, Bremer Society; Drs. S. G. Blvthe, Mason City, of Northern Iowa Medical Society.

This report was, on motion of Dr. J. W. Gustine, of Carroll, adopted. On motion of Dr. Staples, the following physicians of Dubuque were made members by invitation: Drs. Jennings, Greene, Hunter, Poor and Blisch.

On motion of Dr. J. Kennedy of Des Moines, the reading of the minutes was dispensed with. Letters of regret at absence were read from Drs. A. M. Carpenter, Keokuk, A. A. Noyes, Mason City, and Stockslager, of Boone.

AFTERNOON SESSION.

The society was called to order by the Vice President, Dr. T. J. Caldwell, of Adel. Dr. S. B. Chase of Osage, delivered the President's address. He alluded to the various criticisms, favorable and unfavorable, passed on the State Society. Urged very eloquently the physicians present to reach the highest possible ideal in scientific work. He then after alluding to the divergence between rational medicine and empiricism, said the manifestations of medical progress are visible on every hand. Hygienic laws and vital phenomena are being studied as

never before. Biology is in travail with the problem of the Monads and the Bacilli, though whether the scientist will wring from nature the secret of generation is hidden in the matrix of the future. He then mentioned the enactment of a law establishing a State Board of Health as an evidence of progress, but regretted that the practice bill failed to pass. He alluded to the failure of the National Board of Health to perform its duty and mentioned the expenditure of the magnificent appropriation made by Congress, and suggested means by which the Board could be made much more efficient. He then spoke of the good work of the American Public Health Association, and incidentally though fully mentioned Pasteur's recent researches. He then alluded to the possibility of pneumonia being at times of epidemic origin, and dwelt on the effects of climate in the production and cure of pulmonary diseases. The advances in medical science was then alluded to. Among these may be mentioned Billroth's resection of the stomach, and Koeberlé's resection of two yards of intestine. Spencer Wells completed his thousandth ovariectomy last spring with seven hundred and sixty-eight recoveries, or about seventy-seven per cent. of all his cases. Mr. Thos. Keith, of Scotland, has largely increased this average, saving ninety-seven per cent., as based upon his last hundred cases. This, when multiplied by twenty-nine, the life insurance expectancy shows a wonderful addition to the average of human life. Another field which has scarcely commenced to be worked, but which promises brilliantly for the future, is the study of pathology by vivisection. Nor will the fanatical outcry against it of the "ounce wise, pound foolish," check its cultivation. To comparative anatomy and comparative physiology, which we now have, we are to have added a new science, comparative pathology. The diseases of animals are so closely analogous to those of man that one may be studied for the other. He anticipated that within a hundred years vivisection of diseased animals will place the physician on a plane where he may be as confident of what he can do with drugs, and of what he cannot do, as the surgeon now is of what he can do with the scalpel. When that time comes the therapist will stop giving medicine for the purpose of curing diseases which he knows to be incurable. Much of our present medication will appear as ridiculous as it would now appear to administer drugs

for the purpose of reproducing an amputated arm.

The pollution of drinking water, learnedly discussed a few years since by a worthy member, is among the most important questions which now confronts us. We too little heed this source of many pythogenic fevers. "Nor should we forget," says a late writer, "that cisterns do not always contain pure water; that organic detritus is often washed into them from roofs; that they may not be absolutely protected from soil infiltration, or that they may be impure from stagnant repose." Whether these impurities are pythogenetic, autogenetic, or heterogenetic, it is the province of science to determine. The investigation at Princeton clearly revealed an unsuspected source of disease and death. Could we see the noxious streams that which have their fountain in too many of our homes, we would stand dumb and horrified. The quarantine problem, as recently solved by Dr. Smith of New York, teaches that cleanliness, not time, is the *sine qua non* against contagion. Of the etiology of "winter cholera," so widely prevalent the past winter, he was unable to give any satisfactory solution. Opinions widely differ as to the cause of this remarkable scourge. Time undoubtedly will solve the enigma. Some present may remember an epidemic in Chicago a few years since, which, from its location, occasioned much surprise. Investigation disclosed the cause, subsoil saturated with filth in a basin far below. "No brown-stone front," says the writer just quoted, "will entice the goddess Hygeia within its marbled walls, if its foundation rests upon dirt, water and filth, the chemical conditions for putrefaction." Some diseases depend less than others upon these conditions for generation or support. Among the more virulent of these is small-pox. That variola yet scourges earth proves criminality somewhere. The loss to the state in dollars and cents due to an invasion of this loathsome disease, can scarcely be computed. The strong arm of the law should be invoked to prevent this evil. Vaccination should be compulsory. Though absolute immunity might not thus be secured, the power to scourge would be emasculated.

Questions of cemetery location in reference to the subject of cemetery and water pollution were then alluded to:

A difference of opinion has arisen between the physician and pharmacist in regard to prescriptions. Obligations are

mutual. They rest equally upon both. And yet some pharmacists claim prescriptions sent them, and appropriate them to their own use. Should this misappropriation be continued, it may result to the pharmacists as did the stomach's conclusion in the food controversy to itself. Due consideration should convince them that their legitimate work is to dispense, not to prescribe. There may be a question for whose benefit prescriptions are preserved, but there can be none for whose use they are intended. The question of patent medicines is a vexed one. The regular profession is largely responsible for the continuance of this illegitimate business. When we grow to a recognition of its enormity, and withhold our "aid and comfort," its power to harm will be broken. Psychiatry is a question of serious import. Our asylums, though among the best, should receive greater attention. Outside our hospitals, more scientific treatment is demanded and inside, there should be female physicians for appropriate wards. The state should so provide that curable insane may be separated from the incurable. To this great and pressing need, the earnest attention of our law-makers should be specially called. Nothing so embarrasses, nothing so discourages the excellent superintendents of these institutions as the inability to make this separation. Nothing is so detrimental to the curable insane, to whom, more than to any other class, we owe consideration and care.

The subject of vital statistics was then very carefully discussed. In conclusion the doctor said: "'Mental culture brings increased bodily susceptibility,' says Taylor. As a people we are becoming physically degenerate. Children are often sent to school at four and five years of age, and compelled to sit for hours in rooms improperly constructed, insufficiently heated, and unhealthily ventilated. We press the intellect without due regard for the necessities of the body. Give to the world sound embryotic, infant, and youthful life, and fathers will become the sturdy sires of a vigorous race; and mothers be qualified for the holy duties of maternity. To this important matter permit me to call your special attention. Prophylactics form as essential a part of our work as medication. To enlighten the people is a sacred duty. To encourage self treatment, however, without a more intimate knowledge of the human system and its needs, than can be obtained

by other than extensive research, is an injury. In conclusion, permit me to remark that these sessions bring to me pleasant days. May there be a return of many such. One by one a comrade drops from the ranks, to cross "The Great River," and swell the army of the living dead. The past year has hidden some forever from our mortal view. Who shall leave us during the present! Cherished be the memory of friends and loved ones gone before. May the remembrance of their worthy lives incite us to nobler deeds. With a grateful appreciation of the honors you have so generously conferred upon me, and with a sincere prayer that "The Rolling Years" may bring prosperity and happiness to you and yours, I respectfully submit these few imperfect words." The Doctor's address, of which lack of space prevents more than this brief abstract, was, on motion of Dr. Peck, of Davenport, referred to a special committee, composed of Drs. Watson, of Dubuque, Schofield, of Washington, and Williamson, of Ottumwa. After some routine business Dr. D. W. Crouse, of Warrenton, read a paper on "Color Blindness." He gave a rapid and succinct account of the subject, detailing many laughable incidents connected with the subject, illustrating the mistakes of those afflicted with color blindness. In answer to a question whether this defect could be corrected by instruction, he stated that it was a congenial deficiency and it could not. That the percentage of color blind is one to twenty; that Holmgren's test, known as the Swedish test, or the worsted test, was the best. Dr. B. J. Jeffreys, of Boston, has given the greatest impetus to the consideration of this subject in this country. Theoretically this defect involves the public safety, as the capacity of employes of railroads and steamboats to recognize signals, depends upon the perfection of this sense and proper power of vision. The doctor further suggested the importance of legislative control over this subject. A lively discussion ensued, in which Drs. Hazen and Peck, of Davenport, Bready, of Dubuque, Smith, of Carroll, and Ranier, of Edworth, participated.

Dr. Peck stated he had yet to see or learn of a single accident from color blindness. Theoretically it is so, practically it is not. There are very few color blind; and still fewer who are color blind that contribute to the causation of accidents by rail or water.

Dr. Archibald, of Glenwood, remarked

that two-thirds of the children, inmates of the Institute for Feeble-Minded Children, are color blind, and are incapable of distinguishing form as well as color, but under instruction they first improve in regard to form and then to color.

Certain changes in the constitution were then on motion laid on the table. The Committee on Credentials then reported favorably on the following gentlemen: Drs. E. I. Braunworth, Muscatine County Society; Geo. E. Fullerton, Iowa Union Medical Society; B. H. Reynolds, Manchester; Geo. H. Fuller, Delhi, Delaware County Medical Society; W. E. Fraser, Washington County Society. Also, that the following gentlemen be elected members by invitation: Drs. B. F. Hall and D. N. Loose, of Zwingle, Dubuque. The fraternal greetings of the society were on motion communicated to the New Jersey State Society. The society then adjourned.

SECOND DAY—MORNING.

The society was called to order by Dr. Chase. The Committee on Credentials made an additional report on the admission of the following gentlemen: S. D. Cook, Keokuk Medical Society; Z. W. LaGrange, Iowa Union Society; W. M. Van Velson, Fort Dodge Medical Society; A. M. McKenzie, Clinton County Society; A. G. McGrew, F. A. Packard, Iowa Union Society; S. G. Wilson, E. M. Reynolds, Appanoose; W. H. Hinsley, Hopkinton; F. M. Sabin, Fayette County Society; Lewis Blanchard, J. W. McClean, Clayton county, and that the following gentlemen be admitted as members by invitation: A. Miller, New Wine; H. S. Farr, Maquoketa; J. A. Maynard, Dr. S. J. Jones, delegates from the Illinois State Medical Society.

Dr. Jones was welcomed by Dr. Robertson in the name of the society and returned thanks for the same. The Committee on the President's Address made a report recommending that most of its suggestions be adopted by the society.

The following Committee on Nominations was then announced: Drs. J. D. Miles, Washington; G. Morgrige, West Liberty; W. Watson, Dubuque; J. W. Smith, Charles City; B. F. Kierulff, Marshalltown; J. C. Hinsey, Ottumwa; J. A. Blanchard, Des Moines; J. B. Holmes, Audubon; J. Sherman, Cherokee.

The Women's Christian Temperance Union then made the usual request. Dr. Augear read a paper on "Microscopy," in

which he alluded to the uses of the microscope in forensic medicine. Dr. B. McCluer then read a paper on "Injuries of the Orbital Region. Fractures of the skull are always objects of interest to the surgeon, from the fact of the great fatality resulting from them. Lidell, in the January number of the American Journal of the Medical Sciences, says that of one hundred and seventeen cases treated in the New York Hospital, ninety-one died. And that of four thousand and twenty-two cases of gunshot fracture of the skull, which occurred during our war of the rebellion, two thousand five hundred and fifty-seven or sixty-three and six-tenths per cent. proved fatal; and of one hundred and five cases of cranial fracture caused by falls and blows on the head, and by miscellaneous injuries other than gunshot and bayonetwounds, which also happened during our war of the rebellion fifty-seven, or fifty-four and three-tenths per cent. likewise proved fatal. Dr. C. S. Bull, in the July number for 1880, page 181, says contused or lacerated wounds of the margin of the orbit and immediate vicinity often cause serious results. Among the most frequent of which are lesions of the supraorbital nerves, leading either to chronic neuralgia of the nerves and their branches, or to sudden blindness either partial or complete. He further states, "fracture of the orbital plate of the frontal bone, or in the inner wall of the orbit, involving the lachrymal and ethmoid bones are occasionally met with (but here the injury is almost always the result of perforating wounds by direct thrust from sharp or blunt pointed instruments, and the bone itself is perforated. The danger from such wounds cannot be overestimated here. Where the fracture involves the roof of the orbit especially is a direct lesion of the bone caused by the instrument, the patient should be watched very carefully and an unfavorable prognosis given. Dr. De Luna, of New York, has a paper upon the work of a Spanish surgeon, about amaurosis from lesions of the eyebrow, which he has translated in the American Journal for January, 1881, in which is discussed this subject of blindness, and the opinions of several writers are given, holding to the views of of immediate loss of sight when the frontal and supraorbital branches of the fifth pair are lacerated or contused. Some of the writers hold that the blindness is in consequence of the shock to the brain received by the injury. Others explain the blind-

ness as the result of reflex irritations, etc. During the afternoon of the 28 of February, 1880, S. B., a native of the United States, aged fifty-two, and weighing one hundred and fifty pounds, while with a son engaged at work in the lead mines of this vicinity, put in a blast, the fuse being lighted he retired about seventy-five feet through the crevice, which was quite large, and while standing with his face directly toward the blast watching the result, a piece of rock irregular in form and weighing three or four pounds was hurled with great force against his head crushing the supraorbital ridge and frontal bone of the right side, causing a compound comminuted fracture of both tables of the skull and an extensive lacerated wound of the skin of the forehead; and exposing the right frontal lobe of the cerebrum. The roof of the orbit was fractured very nearly, through its center in direction from the orbital ridge to the optic foramen and depressed inwardly.

He was thrown down and rendered insensible by the blow, which was distinctly heard by the son, a young man about twenty years old, and who was standing some feet distant and behind his father. The patient bled quite freely, walked to the shaft and ascended the ladder, feet landing upon the surface of the ground. A carriage was procured and he rode to his home within the city and some three miles from the diggings, sitting upright and firmly upon the seat. I was called, and as Dr. M. H. Waples, of this city, was in my office at the time, invited him to accompany me to see the case. On my arrival I found Dr. Hunter, of the city, present with the patient, having accompanied the patient from his office in West Dubuque to the home of the patient. The patient had evidently lost considerable blood; but was perfectly conscious and sitting in a chair. Washing away the blood from the face and wound, the injury was readily seen. The skin was lacerated and divided in a stellar form, the solution of continuity radiating from the orbital ridge over the forehead. The skin was laid back, and the fragments of bone removed, leaving an opening into the head of at least one by two inches in extent, although irregular in shape. (Fragments exhibited.) The depression of the roof caused some protrusion of the eye, the fragments were elevated and drawn outward by forceps, when the eye assumed a more natural position. The dura mater was carefully examined for foreign substances, and

blood clots removed. The skin was laid back over the injured parts, the edges of the wound laid in opposition, and a soft compress moistened in carbolyzed water placed over the part, the compress being retained in position by a bandage passed around and over the head. No sutures were used to close the wound. Aconite in small doses was given during the following night and continued according to indications for several days. One-fourth grain of morphine was ordered for the night. He rested fairly during the night, and but slight traumatic fever during the following day and night. Treatment continued; water dressings to the head; bowels kept soluble; ordered to keep the bed, and the room to be darkened; patient quite troublesome to control; would not keep his bed; and would often leave his room, walking through the house and out of doors; the diet was ordered light but nutritious. The formation of pus was not large, the skin where the cut edges were in contact began to unite; the brain or its membranes manifested no tendency to protrude through the wound, and when I left for the east May 26th, following the accident, the wound was nearly closed. The sight of the eyes were apparently weakened; that is, he could not think as continuously as before, but the mind was never lost or materially impaired; but for five or six months his memory failed him very much. During the summer he worked in his garden. In September he picked grapes and did other light work, and in the latter part of October he began work in a saw-mill yard, assorting and piling lumber, etc. During the past winter he has worked in the mines, doing one man's work. Here was certainly a case of severe injury; compound comminuted fracture of the supra-orbital and frontal bone and base of the skull as far as formed by the roof of the orbit. The supraorbital nerve passing up over the forehead through the orbital notch or foramen must have been contused if not destroyed in the locality. The eye was considerably displaced, the brain within its membranes exposed to view, the pulsations of the arterial circulation distinctly seen; and yet the patient was not rendered unconscious, the sight of the eye not destroyed or impaired, the intellect remaining about as before the injury, no aphasia, no loss of ability to express his thoughts, is interested in reading the papers and in the current events of the day, but is perhaps somewhat more

obstinate in his disposition and more irritable in his temper. There is no paralysis of the muscular system, but a loss of sexual appetite, no neuralgia, but if stopping at his work for a considerable length of time feels an unpleasant fullness of the head and headache; becomes weary from exertion, somewhat more readily now than before the injury, but is able to perform an unusual amount of labor.

During the forenoon of November 7, 1880, Mr. S. A. H., aged forty-four years, weighing one hundred and ten pounds, American, while standing upon a stool, which stool was upon a mechanic's bench, in a machine shop, and being engaged adjusting a shaft connected with the machinery, in turning himself around quickly, fell from his position to the floor, and in the fall struck his right cheek upon the seat of a wooden bottom chair. His feet, while standing, was about six feet from the floor, and the chair upon which he struck was several feet distant from the bench. A simple fracture of the lower orbit was caused by the blow. The fracture was near the outer portion of the orbit, of the maxillary process of malar bone. A considerable depression of the orbit was manifest in the locality of the fracture and an elevation of the inner extremity of the process, which was separated at its union with the maxillary. The eye was pressed upon and considerable ecchymosis of the conjunctiva was caused, but there was no especial disturbance or loss of vision. After careful examination of the part it was decided to elevate the depressed bone. Dr. Lewis made an incision down to the injured bone, along the line of and below the border of the orbit, exposing the bone sufficiently to apply a screw elevator into the depressed portion of the bone and draw it up into position. The inner portion was thus depressed and the normal line of orbit restored. This operation was performed on Sunday, the 8th, the day following the receipt of injury. The union of the incised tissues proceeded kindly, and with very little suppuration, until after catching cold from change of underwear, the ninth day after the accident, when some inflammation, with slight opening of wound and discharge of pus, occurred. A defective tooth, which had caused pain a few days before the accident, now began to ache, and quite severe neuralgic pains around and in front of the right ear, were complained of. The tooth being extracted, the pain ceased and the

wound healed. Had there been no diseased tooth, I think there would have been no neuralgia nor suppuraxion, and the cicatrix would have been slight. The recovery is perfect, except the scar making the line of the incision, with no loss of sight or smell, nor neuralgia.

Here we have the history of an injury, severe, of the superior orbital region, and also of the inferior orbital margin, with good recoveries, and without any of the serious sequences which are supposed to frequently if not usually follow such injuries.

"Chest Drainage in Empyema, with Cases," by G. M. Staples, A. M., M. D., Dubuque, Iowa. The strict etymological significance of empyema may imply a collection of pus within any cavity of the body, but in the absence of qualification it has come to mean a purulent accumulation within the thoracic walls. From the time of Hippocrates the profession has been taught to remove this morbid product by operative measures, but as the line between physicians and surgeons become more sharply drawn, a spirit of opposition arose, the latter class supporting the operation, while the former condemned it. As late as 1846 so eminent a teacher as Gerhard, of the University of Pennsylvania, spoke discouragingly of this resort, asserting that "the chances of recovery on the whole are not increased by the operation, and he would as soon put a bullet through the chest of his patient." In Germany it has been only fifteen years since the doctrine has found wide acceptance that a radical operation, in purulent effusions within the pleuritic cavity, is the only really effectual mode of cure. Even surgeons have not been unanimous or pronounced in its favor. Prof. Gibson seems unwilling to cordially endorse it in his work, and quotes Jackson, of Philadelphia, who stated, "the operation was seldom resorted to in this country or England." Behier and Peter, of Paris, asserted that the mortality from pleuritis had doubled in that city, and were disposed to account for it on the ground of the extension of the surgical mode of treatment, though subsequently the latter obtained by operation seven recoveries in ten cases, which have modified his views; while all Europe appeared slow to utilize and imitate the brilliant results of our countryman Bowditch. Now, however, no operation in surgery is more universally conceded to be necessary than this, when once the presence of pus within the chest

walls has been satisfactorily determined. Phalerius, Jason and Prometheus divide the honor of being the first upon whom the operation for empyema was performed, for it is said of each that being expected to die of an abscess within the chest they went into battle for the purpose of getting killed, and being only run through the body they recovered in consequence of the escape of the matter through these free incisions. Hippocrates sometimes opened the chest with the red-hot iron, and in later times the Arabian physicians frequently practiced this method. The profession now resort to one of three modes of procedure, the trocar and canula, free incision and aspiration. Ambrose Paré was the first to recommend the trocar and canula, and their use was attended with considerable success. Half a century ago Samuel Cooper taught that the use of the trocar "deserved the severest reprobation," and advised the introduction of the canula through an incision. His contemporary Pelletan substituted lint for the canula and allowed the pus to drain away by degrees. Later on Liston advocated the withdrawal of the canula upon the entrance of air, lest "the patient might be seized with irritative fever and perish, or ultimately sink from the profuse discharge." Vidal's method was a double operation. He incised until the costal pleura was reached, then inserted caustic potash to cause a slough and thus evacuated the contents. Cock, Druitt, Fergusson and Gross opened the chest by trocar or incision, removed the accumulation, and immediately closed the wound. Broadbent, of London, uses the trocar, but often resorts with benefit to injections of iodine. Goltdammer, of Berlin, now operates with a trocar and canula provided with a stopcock, which closes its outer end on the withdrawal of the trocar, and with two lateral openings to which rubber tubes are attached, one for the escape of the pus and the other to wash out the pleural cavity with warm thymol water, and then close the opening. Professors Andrews and Agnew introduce a rubber tube through the incision, and bring it out at second opening below, so as to represent, when fixed in the chest, the letter U with a slit at the convexity; and while the former syringes out with carbolic acid, the latter regards all injections as of doubtful propriety. Professor Peck favors the oakum seton, and washes out with carbolate of glycerine; while the late Dr. Stone, of New Orleans, was accustomed to exsect a

piece of rib. Hamilton thinks a free incision best, with an open wound; but Ashurst prefers the trocar, and leaves the canula or an elastic catheter for drainage. Fraentzel adopts Lister's method, incision under spray and antiseptic dressing. He leaves a silver canula just within the chest, and dresses antiseptically twice in the twenty-four hours, in some instances five times, and always under spray. He washes out the pleural sac with distilled water, solutions of common salt, permanganate of potash, carbolic acid, or tincture of iodine. Dr. Cabot, surgeon to the Carney hospital, Boston, likewise follows Lister's plan, and in an interesting and valuable paper read upon the subject last summer before the Massachusetts Medical society, strongly recommends the antiseptic method. Leale, of New York, records his views in the last volume of the transactions of the American Medical Association in favor of introducing a non-irritating tube through an incision, and either allows the matter to flow out or withdraws it by suction, which is but a modification of aspiration. He prefers to close the wound at once, and operate again if necessary. Dr. Bowditch, who has operated more frequently, perhaps, in pleuritic effusions than any person living, and whose contributions to medical science have given him a cosmopolitan reputation, long resorted to aspiration, but in 1877 he retracted the expression used on a former occasion, that incision was a "relic of mediæval surgery," and acknowledged to the belief that in certain cases of effusion it was decidedly better than aspiration, and probably gave a better chance of recovery than repeated aspirations. He had seen several cases empyema in which one aspiration effected a second, but if a third operation became necessary, he recommended as a rule that a permanent opening, with a large trocar and drainage tube, should be resorted to. Under date of the 21st of March last, he writes me that "for empyema, or even when very little pus visible after tapping, generally we think it best to make an opening large enough to admit two tubes, so that thorough washing out with carbolized water may be accomplished. Sometimes, as in an actual case now under treatment, I add an astringent, three grains of tannin to an ounce of water. Above all things let no accumulation of pus take place. Do this and sustain with quinine, or alcohol, or both in some form, taking care not to teach drunkenness, and you will have my plan at

present." The following case which has been duplicated twice embodies my own experience in the surgical treatment of empyema, and the plan pursued presents, as I think, some points of interest.

Willie W., three years old, was seen in August, 1876, suffering from an effusion in the left side. Six weeks before he had passed through an attack of measles followed by pleuro-pneumonia. He was greatly emaciated with a feeble, rapid pulse and respiration, harassing dry and incessant cough, left chest nearly motionless and heart to right of sternum. On the 17th he was aspirated in the sixth intercostal space, midway between sternum and spine. Ten ounces of thick pus were removed, when, by a sudden movement of the child, the needle perforated the lungs, and, air escaping, it was withdrawn from the chest. On the 21st he was again aspirated, this time in the seventh space, and thirty-four ounces evacuated. By the 31st it was again evident that the matter was re-accumulating, when an incision was made in the eighth space, and a three-sixteenth rubber drainage tube was introduced to the extent of five or six inches, backward and downward to the base of the chest, and left hanging outside eight inches in length. Two or three narrow strips of adhesive plaster wound around the tube and attached to the side retained it in its place. Twenty ounces of pus escaped, and the pleural sac was daily washed out through the tube with one per cent. of warm carbolized water. The tube constantly siphoned out the pus as fast as formed, and no foetor was perceived. On the eighth day all evidences of pus disappeared, and on the twelfth the tube was removed, when the wound speedily closed. The recovery was complete, and the boy is a stout healthy lad.

The chief advantage of the plan pursued in the foregoing cases is the constant and thorough drainage which it ensures. The inner portion of the tube rests upon the base of the thorax, with a longer external arm by which the pus is siphoned out as fast as formed, and before any decomposition can possibly take place. Medical writers who advocate the use of a drainage tube or canula do not generally advise their introduction far into the chest, and nearly all bring them only just without. Some, indeed, cut the tubing off so closely to the integuments as to incur the risk of its slipping into the pleuritic cavity, an accident which did occur in one of Cabot's cases.

And yet, all concur in the opinion that the drainage should be thorough and complete. Now the chest is an irregular truncated cone, whose base is considerably lower posteriorly than in front. As no one advocates incision through the dorsal muscles near the spinal column, it follows that even when the base is reached at the usual place of selection, midway between the spine and sternum, there nevertheless remains a cavity back of and below the opening, which increases in depth as the spine is approached. Since this cavity must fill up with the purulent accumulation before it will flow out of the incision, or through a short drainage tube, it is evident there will be a portion of the morbid product constantly present, unless, indeed, the patient is kept upon his face or nearly so, and with the shoulders depressed so as to make the opening the most dependent point of the thoracic cavity, a position which it would be difficult for a patient to tolerate long. The daily washing out with carbolyzed water which does not appear to be generally insisted upon, was, we think, an important factor in securing so favorable results. Besides the arrest of the putrefactive process by the daily presence of the carbolic acid in the pleural cavity, it hastens recovery in the diseased tissues through its stimulant and alterative properties. Its use would appear to be especially appropriate where there is a pulmonary complication with a fistulous opening into the bronchi, if the encouraging results obtained in phthisis by the inhalation of carbolic acid vapor as claimed by Dr. Munro, of Kilmarnock, in the Glasgow Medical Journal of October last are confirmed by further observation. In the case complicated with abscess of the lung the daily carbolic injection appeared to have a marked influence in promoting cicatrization of the pulmonary tissue. In none of the cases operated upon was the spray used or the antiseptic dressing applied. As Lister's plan is so strongly recommended by its friends it may be of interest to inquire whether the results obtained under its use in thoracentesis are so much more successful as to render its employment a necessity. It cannot be denied that its use is attended with considerable inconvenience, and is a tax upon the time of the busy practitioner. Its advantages should be unequivocal and decided to compensate therefor. We cannot but think that some of its friends are too partisan in their statements to be altogether reliable.

Prof. Koenig, of Goettingen, declares that "Lister's method of treating pleural abscesses is, with simple empyemas, absolutely certain to lead quickly to a successful result, and is likewise absolutely free from danger." Such testimony is too suggestive of an over zealous witness to carry conviction, for none but an enthusiast or charlatan would assert that any surgical method of treating an empyema is absolutely free from danger. Fraentzel, who is an enthusiastic disciple of Lister, reports eleven cases treated by the anti septic plan. Of these five recovered, five died, and one was still under treatment. Of four successful cases reported by Cabot where he used the spray and antiseptic dressing, one was under treatment on the seventeenth day, and twenty and one-third days were the average duration of convalescence in the other three. Two of these were children, who, as is well known, get well under any plan more rapidly than adults. He also furnishes a table of ten successful cases, of which six were children, copied from the German journals, where this method was followed, and the average time for removal of tube was forty-one and three-tenth days, or forty-nine for the adults. Dr. Sperritt, of the Bristol hospital, reports a case cured in sixty-eight days. Per contra, Dr. Bell, of the Newcastle infirmary, who resorts to free incision without spray or antiseptic dressing, gives three cases of adults thus treated, with an average recovery in seventy-three and two-third days. Dr. Leale, who, as has been stated, favors immediate closure of the wound, gives two cases of recovery in children on the thirty-fifth day following free incision without antiseptics, and left open for drainage. Of the six cases reported in this paper all recovered, and of the four in which the duration was recorded the average period of convalescence was forty-three and a half days. It thus appears that the ratio of recoveries and duration of treatment in the cases to which we have had access, are not so largely in favor of the Listerian method as the enthusiasm of its friends would lead us to believe. But whatever mode of procedure is preferred, whether by trocar and canula, by aspiration or free incision with or without antiseptic precaution, the time has passed when a physician will be held blameless who allows a patient to die with a chest full of pus without making an effort to evacuate it by some one of these methods. We all have seen patients go down to the

grave who might have been saved by these means. True, the operation is not always crowned with success, even in the most experienced hands, but the consciousness of preserving one life by his skill alone, amply compensates the physician for the risks incurred, and should fill him with an honorable pride.

After a brief discussion of Dr. Staples' paper Dr. G. Warne, of Independence, read a paper on the "Anti-tonic effects of Quinine." After which a communication from the State Board of Health was read. The society then adjourned.

AFTERNOON SESSION.

The meeting was called to order by the President. Dr. Braunworth, of Muscatine, read a paper on Scarlatina, in connection with which a convalescent case of Scarlatina was exhibited by Dr. Waples, of Dubuque. Dr. Lathrop, of Maryland, then read a paper on the "Hot Springs." Dr. Thall, of Madison, spoke of the properties of certain of the Iowa Springs. Dr. Blanchard introduced a resolution pledging the members of the society to an effort to secure legislation in favor of advanced medical education. Dr. Butler, of the Wisconsin State Medical Society, was then welcomed by the president. Dr. W. Watson read a paper on "Diseases incidental to Military Prisons" by title. Several proposed changes in the constitution were here laid before the society. Dr. Smith, of Charles City, moved that the fees of the members be fixed at one dollar, which was carried. Dr. Kinney then reported a "Surgical Case," after which the reports of the Committees on Publication, Necrology and Insanity were read. The report of the treasurer, J. R. Skinner, was then read. The Committee on Nominations then made the following report: President, T. J. Caldwell, Adel; First Vice President, D. Scofield, Washington; Second Vice President, M. A. Waples, Dubuque; Secretary, J. T. Kennedy, Des Moines; Assistant Secretary, L. C. Swift, Des Moines; Treasurer, G. R. Skinner, Cedar Rapids; Committee, J. Williamson, Ottumwa; L. C. Swift, Des Moines; O. W. Archibald, Glenwood; Wm. Boys, Waverly; A. G. Restine, Ft. Dodge.

Committee on Necrology, Drs. A. W. McCluer, Mt. Pleasant; W. W. Grant, Davenport; C. C. Bradley, Manchester; S. N. Pierce, Cedar Falls; Joshua Morley, Belle Plaine; S. B. Thrall, Ottumwa; W. H. Ward, Des Moines; J. T. Brau-

man, Andrew; E. Hoombrook, Cherokee.

Delegate to the International Medical Congress, at London, H. B. Rausmer, Burlington. Delegates to the Wisconsin State Medical Society, Drs. Watson, Dubuque; J. P. Hinsey, Ottumwa; W. S. Robertson, Muscatine; Henry Restine, Cedar Rapids. Trustees, Drs. Wm. Watson, Dubuque; C. H. Rawson, Des Moines; B. A. Guedon, Sioux City. Committee on Publication, Drs. J. F. Kennedy, Des Moines; G. R. Skinner, Cedar Rapids; E. H. Hazen, Davenport; J. Williamson, Ottumwa; J. A. & Blanchard, Des Moines. Ethics, Drs. S. B. Chase, Osage; H. F. Clever, Keokuk; E. W. Clark, Grinnell; A. Ady, West Liberty; J. D. Miles, Washington.

The report of the Committee on Nominations was adopted. The officers were then installed, Dr. Chase introducing the newly elected President to the society in a neat speech, to which the latter responded briefly and pithily. After the usual votes of thanks the society adjourned sine die.

CONTRIBUTIONS.

EQUINIA.

BY JAMES I. TUCKER, A. M., M. D., CHICAGO.

What I have witnessed during the past few weeks leads me to conclude that there is an analogy, if not an identity, between the so called "mud-fever" which is now prevailing to such an alarming extent among our horses, and the disease which Dunglison defines as a specific inflammation, affecting the skin of the heels of the horse, and which is especially interesting from the circumstance that the matter, if inserted under the cuticle of an unprotected individual, may give rise to an affection which is protective against small pox. This disease is known in England as "grease," or "grease pox;" in France as "eaux aux jambes;" medically, as *Variolæ Equinæ*; in the unaffected language of Jenner, as "sore heel."

During the past few weeks I have observed cases very carefully, whose symptoms, rational and physical, were typical of the disease I have mentioned. A young man, Mr. W., had been taking care of several horses, all of which were effected with mud-fever. He washed their feet, applied lotions, and gave personal and assiduous attention to all their ailments. Once when his hands were besmeared with the matter from the horse's hoofs, his face itched and he scratched it. There followed soon

after a chill and general malaise ; then papules formed which gradually developed into pustules, elevated at the circumference, deeply umbilicated at the center and surrounded at the same time with areolæ, exactly like the pustules characteristic of a successful vaccination. In the case I observed most closely the pustules appeared upon the right side of the face where the skin had been denuded by accidental abrasion, and also, by simultaneous trophic influence, on the right hand upon the palm and at the junction of the ring and middle finger. There were also extensive adenites and lymphangitis of the same upper extremity. I was at first puzzled, but in a moment it flashed upon me that I had to deal with a case of horse-inoculation, a disease to which I would perhaps be justified in applying a new but appropriate name, to wit : *Equinia**

"The illustrious discoverer of vaccination had remarked a fact well known also to the farmers and peasantry that cow-pox was met with only in the dairies where the cows were attended to and fed by men who likewise had charge of horses. Whenever grease was observed in the stable, cow-pox soon showed itself in the cow house, whither it was brought by the men servants of the farm, who came to milk the cows with hands soiled by pus from horses affected with grease." (Trousseau) Later researches have confirmed the observations of Jenner. The case I have cited revives a historical fact, viz: That vaccinia originated not in the cow, but in the horse, and leads me besides to conclude:

First, that the so-called "mud-fever," now prevailing, is, or seems to be, identical with the disease known as grease.

Second, that it is a prevalent disease, the matter from which inoculated into man may produce a veritable vaccinia.

Third, that an appropriate designation for the disease would be, *Equinia*.

Fourth, that this disease is important both from its medical and medico-legal relations.†

*This case has been seen by Dr. S. V. Clevenger, who fully agreed with me as to its nature.

†While I am confident of the correctness of my conclusions, nevertheless there are others better acquainted with the diseases of the horse and equine inoculation from whom I would like to hear an expression of opinion. Inasmuch as the disease called, in popular parlance, "mud-fever," has been attributed to salt put upon the tracks to thaw away the ice and snow to the end of facilitating public travel, and as I understand, that several suits, one pending, or likely to pend in the courts against the horse railway companies of this city for damages supposed in this manner, and from this cause, to have been sustained to the destruction of the hoofs, and consequently to the lives, of horses owned by different individuals, I feel it my duty to communicate this unusual experience of mine to show that the accusation is unscientific and untenable.

THE NECESSITY FOR A CLINICAL AND THERAPEUTICAL SOCIETY.

BY H. H. KANE, M. D., NEW YORK.

Observations regarding the action of drugs in disease, are at the present day unsatisfactory in the extreme.

1. Because preparations of varying strength, and sometimes wholly inert, are used.

2. Because there is neither exactness nor system in the manner of trial or in recording the results obtained.

3. Because the observations are few in number, and those results that are published appear in scattered local journals, so that they are practically dead to the main body of the profession.

4. Because those reports that do reach the physician through the medium of medical journals are usually the favorable results only, and great expectations are raised, when not justified by the exact truth were it known.

A clinical and therapeutical society, with from one to three hundred members, residing in various parts of the country, could so systematise the trial of therapeutic agents in disease, as to make the results valuable to each member and to the profession generally. Supposing such a society to exist, the plan would be about as follows:

1. A committee appointed by the society has charge of the reports, printing, moneys, etc.

2. To each member is sent, once in two or three months, a therapeutic problem, of which the following may serve as an example:

Drug, iodine; Preparation, tincture; Mode of administration, from ten to twenty drops in one-third glass full of sweetened water: Disease, intermittant fever; Report patient's age, sex, color, complexion, color of hair and eyes, form (quotidian, tertian, etc., etc.) duration, result of other treatment, result of present treatment, and remarks.

There are many important problems that might in this way be solved, for instance, "the curative action of pilocarpine in diphtheria; effect of quebracho in dyspnoea; sulphide of calcium in furunculosis; hyoscyamia or hyoscyamus in insomnia of all kinds," etc., etc., etc. When it is difficult to get the pure drug, the committee could send a sample, at cost price, to each member, thus insuring reliability and uniformity of strength. The report of each member having been sent in to the com-

mittee, and a new problem sent out, the committee arrange, systematize and digest the reports, and when complete send a printed copy of the results thus obtained to each member, with the names of the members reporting, and an abstract of the latest literature upon the subject in question. A yearly membership fee of from one to two dollars would cover all expenses. No one can question the feasibility or great value of such an organization. With some modifications this society would be upon the same plan as the local therapeutical society of this city. I shall be glad to hear from physicians who favor the idea of forming an "American Clinical and Therapeutical Society."

191 West 10th St., New York.

CORRESPONDENCE.

BELLEVUE HOSPITAL REPORTS.— VEGETATIVE ENDOCARDITIS— MULTIPLE EMBOLI.

The patient, a female aged twenty-five, had suffered from chronic rheumatism for several months before her admission to the hospital, but had had no recent return of the pain in the joints. She had always indulged freely in the use of liquor, but of late had drunk less than usual. She denied all symptoms of syphilis. She had never been subject to cough, shortness of breath, or swelling of the limbs, previous to the present illness, and had never noticed any change in the amount of urine passed. She was in her usual health up to five weeks before her admission to the hospital. At that time she was exposed to severe cold and wet, and soon afterward began to suffer from headache, nausea and vomiting, and swelling of the feet. No other symptoms developed, and these were not continuous, for they would disappear for a few days and then return. The swelling of the feet was worse toward evening, but would subside during the night. She did not complain at this time of dyspnoea nor pain in the chest. The vomiting occurred every two or three days, and the headache came on with about the same frequency. For four weeks the patient suffered more or less constantly from these symptoms; and then, after another exposure to cold, became suddenly much worse. At this time, one week before admission, she had a severe chill, followed by a sharp, cutting pain in the right side, shortness of breath and

cough without expectoration. The pain was described as a "stitch in the side," and was increased by deep inspiration and by coughing. This pain had remained; the cough had increased in severity but was still dry; the difficulty of breathing had continued, and the headache and the swelling of the legs had returned and become constant. In addition to these symptoms the patient had lost her appetite, and had been unable to eat, and for two days before admission had vomited almost constantly, and suffered from a slight diarrhoea. She had become very weak, so that she was not able to walk into the yard. On admission the patient was found to be pale, feeble, and somewhat cyanosed. She was so weak that it was with difficulty that she answered questions, and she was suffering considerably from dyspnoea, the respirations being forty per minute. She complained of pain in her right side and pain and tenderness in her feet and legs. She coughed occasionally, but did not raise any sputa. Examination showed the presence of slight oedema of the feet and legs, and both lower extremities were very tender to the touch or pressure. On the dorsum of the left foot there was a hæmorrhagic spot, deep red in color and sharply defined, being irregular in shape and two inches in its largest diameter. About this there were several similar spots not larger than a pin's head. These spots were very tender, and not elevated. The redness did not disappear upon pressure. Physical examination showed the presence of dullness increased fremitus, bronchial breathing, bronchophony, and subcrepitant râles, over the upper lobe of the right lung. Auscultation revealed a mitral systolic murmur, heard with greater intensity at the apex and propagated to the left. A harsh murmur was heard over the origin of the great vessels, with both systole and diastole, and was regarded as pericardial. The urine was found to be acid, sp. gr. 1020, and to contain albumen, blood, pus, hyaline and granular casts, and broken down granular epithelia. Temperature was $101\frac{1}{2}^{\circ}$. Respiration 40. Pulse 100. It was thought that the patient was suffering from croupous pneumonia, and that an acute nephritis had been set up as a complication in kidneys, which were in a chronic state of inflammation. The cardiac lesions were thought to be chronic, as the patient did not complain of pain in her chest. The first day after her admission the patient's condition remained the same, there being no

change in the symptoms or physical signs. The temperature was $107\frac{1}{2}^{\circ}$ in the morning, 102° at night. She passed seventeen ounces of urine. She retained fluid food, and had no movement of the bowels. On the second day she was weaker and seemed to be in a condition of stupor most of the time, but toward evening became delirious. In addition to the former symptoms, there appeared to be general hyperæsthesia and tenderness; and moving or examining her evidently gave her great pain. Pressure upon the abdomen and sides caused more discomfort than pressure upon the chest. There was no tympaniti, and no eruption upon the body. She seemed to suffer pain in the left foot, at the seat of the hæmorrhagic spot, and a soothing lotion was accordingly applied. The general treatment was stimulant, brandy being given every four hours in half ounce dose, as the pulse was more rapid and feeble. Also *tr. nucis vomicæ* gtt. xx t. i. d., with the same object. The physical signs had not changed. Temp. remained about $102\frac{1}{2}^{\circ}$. The patient moved all the limbs freely in bed. On the third day the patient lay in a condition of coma, the breathing being rapid but not stertorous; pulse 120 and weak; temp. 105° . She could not be roused, but pressure upon the sides or abdomen caused reflex movements, indicating pain. The pupils were dilated and did not react to light. Evacuations were involuntary. Surface was wet with perspiration. In the afternoon pulmonary œdema set in and the patient died.

At the autopsy held twenty-four hours after death, large vegetations were found upon the mitral valves, in clusters, and presenting many small villous projections, some of them soft, red, and evidently of recent growth. These were situated upon the ventricular surface of the valves and upon their edges. The aortic valves were not effected, and were competent. There was no evidence of pericarditis. In the lungs there was found an area of red hepatisation in the right upper lobe, and also spots of lobular pneumonia throughout both lungs. In the liver, spleen and kidneys numerous spots of hæmorrhagic infarction were found, both in the substance and on the surface of the organs, and small, fibrinous plugs were discovered in the hepatic and renal arteries and in their minute divisions. These spots were paler than the normal tissue, and were surrounded by a deep red zone. At no point was there a formation of pus. A spot of softening was also found

in the right corpus striatum of the brain, but no plugs were discovered in the cerebral arteries. The hæmorrhagic spot upon the left foot was approaching a state of gangrene. It was thought to be due to the lodgement of emboli in capillary vessels. This case was interesting from its extreme rarity, and from the difficulty of diagnosis. The symptoms and signs justified the diagnosis stated, and the tracing of all the various complications to a single cause was not attempted. All authorities unite in declaring that unless the effects of the lesion are well marked, such as numerous hæmorrhages in the skin, evidence of cerebral embolism, and enlargement of the spleen, which did not present themselves in the case reported, the diagnosis is obscure. The duration of the disease was also a matter of uncertainty, though it seemed probable that it dated from the beginning of the symptoms five weeks prior to the patient's admission to the hospital; the chill which occurred one week before admission indicating the commencement of the pneumonic process. The pneumonia may have been due to the lodgement of emboli in the lungs, though the valves of the right heart were not involved, and no plugs could be discovered in the pulmonary or bronchial arteries. That they might have been conveyed by the latter was considered probable from the fact that spots of lobular pneumonia were found in both lungs, in addition to the lobar pneumonia of the right upper lobe. It did not seem probable that the emboli in this could have consisted of masses of micrococci, such as are described by various authors as occurring in ulcerative endocarditis, since there was no apparent tendency toward the formation of abscesses at the seat of the infarctions. The most numerous infarctions were found in the kidneys, next in the liver, and lastly in the spleen, the latter organ having almost escaped, contrary to the general rule in these cases. Any treatment was necessarily useless.

ACUTE NEPHRITIS--URÆMIA--TREATMENT--RECOVERY.

The patient, a male aged thirty-two, was a bar-tender by occupation, and a moderate drinker. Three weeks previous to his admission he noticed a diminution in the amount of his urine, and soon after he began to suffer from swelling of the feet and legs, nausea and vomiting, and constant headache. These symptoms increased in severity until two

days before admission, when he suddenly became totally blind and very deaf. On admission he was found to be a healthy looking man, of good color, and stout but not œdematous. He complained of the symptoms stated above, and it was noticed that in talking he had difficulty in pronouncing his words, and would at times become unintelligible, the vowel sounds alone being distinct, and the consonants being slurred over. He was blind, and his pupils were dilated but reacted to light. Physical examination was negative. The urine was found to be highly colored; scanty of sp. gr. 1028, and to contain seventy per cent. of albumen, and blood, pus, fat, small hyaline, epithelial and granular casts. During the night the patient became wildly delirious, and very noisy, but his talk was wholly unintelligible from the continuance of the partial aphasia. The diagnosis of acute uræmia being evident, the patient was put upon the following treatment: Croton oil gtt iij; at 11 A. M. Magendie sol. of morph. $\mathfrak{M}\text{x}$, muriate of pilocarpine one-sixth of a grain hypodermically at 12 M; infus digitalis $\mathfrak{z}\text{s}$ tr en ferri perchlor $\mathfrak{M}\text{xx}$ pro re nata. The combined dose of morphine and pilocarpine was followed in six minutes by profuse diaphoresis and salivation. The cathartic produced a movement of the bowels after four hours. The diuretics caused some increase in the amount of urine passed; but as the condition of the patient remained the same, the delirium continuing during the whole day, the dose of morphine and pilocarpine was repeated at night, and was followed as before by great sweating. The second night was passed more quietly than the first. The patient had a movement of the bowels at 5 A. M. In the morning he was no longer delirious and at times seemed fully conscious, lying quietly in bed and replying to questions naturally, there being no longer any indistinctness of pronunciation. The pupils were normal, but he could not distinguish light from darkness, and he was still very deaf. The amount of urine passed was still very scanty. At 10:30 A. M. Magendie $\mathfrak{M}\text{v}$ with pilocarpine one-sixth of a grain was given hypodermically and produced the same effect as before. The diuretics which had been given pro re nata were continued, and toward night the patient was passing a fair amount of urine. On the fourth day the condition of the patient was greatly changed. He had entirely recovered his sight and hearing, was rational, and for the first time understood

where he was. He had no memory of what had occurred since the sudden loss of sight two days before his admission. He no longer suffered from headache or nausea, but was disinclined to eat. He said that that he had never suffered from a similar attack. He felt weak and preferred to remain in bed. From this time the process of recovery was gradual but constant. In a few days he began to desire some food other than milk, which had been his sole article of diet since his illness; and gradually he recovered his strength. The amount of urine increased daily until the patient was passing sixty-seven oz. in twenty-four hours, though the diuretics were gradually decreased in dose and frequency. The amount of albumen increased steadily, and when the patient was discharged, two weeks after his admission, there was but a trace to be found. Large hyaline casts and granular casts in small numbers were still visible under the microscope. There were a number of points which made the case interesting. The occurrence of sudden blindness and deafness have been noticed occasionally in the course of an attack of uræmia, but it is rare to meet with any form of aphasia accompanying the attack. The form of aphasia in this case was difficult to determine. The patient on admission knew what he wished to say, and the motions of the lips and tongue were apparently free and under his control; but the sounds produced were unintelligible, being mostly pure vowel sounds. That there was some causal relation between these symptoms and the uræmia was seen in the fact that it came on after the blindness, and disappeared as soon as the patient began to recover. The theory which has been offered to explain the one symptom, viz.: an effusion of serum into the arachnoidal space pressing on the nerves of sight and hearing, might be applied to explain the second, since it is conceivable that an effusion of serum might cause some pressure upon the centres of speech. That such an evident cerebral disturbance should not have been accompanied by convulsions is somewhat remarkable. The success of the treatment may have been due partly to the good general condition of the patient, who was a well nourished man, with a strong, regular heart action. The condition of the pulse, which was strong and full, and only moderately rapid (120), was considered as an indication for the use of pilocarpine. The combination of pilocarpine and Magendie's solu-

tion is now being employed with good result, the rapidity, degree and certainty of the action of the diaphoretic being markedly assisted by the addition of the morphia. The diuretics used were those upon which most reliance is placed in the hospital, viz.: digitalis and muriated tincture of iron, in full doses, often repeated. S.

APOCYNUM CANNABINUM AS A HYDRAGOGUE.

NEW ORLEANS, May 19, 1881.

In the last number of your able journal you were kind enough to review an article from my pen on the use of Apocynum Cannabinum as a hydragogue. You assert that many of the advantages claimed for the remedy seem somewhat strained. As all the cases reported by me are recorded in the books of the Charity Hospital, it would be rather a difficult matter for me to claim more than is recorded by the officers at the Hospital. The visiting physicians of that institution have nothing to do with the clinical history of the patients, that is done by the internes. I am well aware of the fact that the Apocynum Cannabinum has well nigh fallen out of use, but this is mainly due to the fact that the Apocynum Cannabinum, like its congener, Cannabis Indica, rapidly deteriorates with age. The advantages claimed were: First, the small quantity needed five to thirty drops, three times a day. Second, pleasant aromatic (bitter) taste. Third, tonic properties. Fourth, its harmlessness. There may be a difference of opinion as to the taste, as all bitters are intensely disagreeable to many. The three other advantages I think you will acknowledge if you will allow me to send you an ounce of my tincture as soon as I receive a fresh supply of roots. During my two terms at the Charity Hospital as Visiting Physician and Chief of Clinic to Dr. Jno. B. Elliott, I enjoyed ample opportunities for seeing the effects of most hydragogue remedies. Patients actually gain strength and flesh as soon as they get well under the influence of the Apocynum. The same can not be said of Elaterium, Bitartrate of Potash, Jalap, or any other hydragogue known to me. Having used it in over a hundred cases I think I can state that it possesses all the advantages claimed. I have never seen any ill effects from its long continued use, and as a large dose causes speedy emesis, no danger may be apprehended from an overdose. As a

tonic it ranks as equal to Cinchona, Gentian and the other bitter tonics.

Trusting, Mr. Editor, you may see fit to publish this, I remain,

J. S. DABNEY M. D.

388, Magazine Street.

As the readers of the Review will remember, no doubt was expressed as to Dr. Dabney's results, but the conclusions were regarded as a little strained, Dr. Dabney's researches were, however, regarded as practical, as opposed to those of the imitators of Charcot.—EDITOR.

REVIEWS.

SEWER GAS AND ITS DANGERS; with an Exposition of Common Defects in House Drainage, and Practical Information Relating to their Remedy. By George Preston Brown. Illustrated. Jansen, McClurg & Co., Chicago, 1881.

Mr. Brown's volume is not a treatise on the etiology of disease from the medical standpoint, but is the result of a conscientious and quite extensive study, by a competent non-medical observer, of the relations which sewer emanations bear to the health of the household connected therewith. His statements of the defects in house plumbing which he has observed, of the negligence, ignorance, and criminal carelessness of plumbers and sewer builders, is illustrated by their work in this city, and of the results to the unsuspecting families, are related with a minuteness of detail which is almost painful, and which challenges the attention not only of the physician, but of every thoughtful man who occupies a room or domicile within the limits of the city. "Doctors will disagree" regarding many conclusions of the author, but all will admit the very serious nature of the dangers pointed out. We do not know of a more valuable work as a popular presentation of the case, and we do a public service in calling attention to it.

A COIN TWO YEARS IN THE ŒSOPHAGUS.—At a recent meeting of the Glasgow Clinical Society (Glasgow Medical Journal, March, 1881,) Dr. Frew exhibited a halfpenny which had been in the œsophagus of a child four years old, for two years, producing obscure symptoms. The coin was finally ejected by vomiting.

THE ARMY.

OFFICIAL list of Changes of Stations and Duties of Officers of the Medical Department, U. S. Army, from May 13, 1881, to May 28, 1881.

Keeney, C. C., Lieut. Col. and Surgeon. When relieved by Surgeon Bailey, to await orders at San Francisco, Cal. S. O. 112, C. S., A. G. O.

Baily, E. J., Lieut. Col. and Surgeon. To report in person to the commanding general, Mil. Div. of the Pacific and Dept. of California for assignment to duty as medical director of the Dept. of California, relieving Surgeon Keeney. S. O. 112, A. G. O., May 16, 1881.

McParlin, T. A., Col. and Asst. Med. Purveyor. When relieved by Surgeon Clements, to proceed to San Francisco, Cal., and assume charge of the medical purveying depot in that city, relieving Capt. Henry Johnson, medical storekeeper. S. O. 112, C. S., A. G. O.

Bache, D., Major and Surgeon. His leave of absence for one month on account of sickness extended one month. S. O. 79, Div. Pacific and Dept. California, May 17, 1881.

Clements, B. A., Major and Surgeon. To be relieved from duty at Willet's Point, N. Y., June 1, 1881, to proceed to New York city, and assume the duties of Attending Surgeon there, relieving Lieut. Col. McParlin. S. O. 112, C. S., A. G. O.

Billings, J. S., Major and Surgeon. To proceed to London, England, as a delegate to the International Medical Congress, to meet there August next. He will also visit, on public service, such points in Holland, Belgium, Germany and elsewhere as may be deemed necessary by the Surgeon General of the Army. S. O. 110, A. G. O., May 13, 1881.

Tremaine, W. S., Capt. and Asst. Surgeon. His leave of absence on account of sickness, granted him Jan. 20, 1881, from this office, further extended six months on Surgeon's certificate of disability. S. O. 112, A. G. O., May 16, 1881.

Meacham, F., Capt. and Asst. Surgeon. Relieved from duty at Fort Hamilton, and assigned to duty as Post Surgeon, Fort Wadsworth, N. Y. harbor, relieving Asst. Surgeon Burton. S. O. 90, Dept. of the East. May 20, 1881.

Patzki, J. H., Capt. and Asst. Surgeon. When relieved by Asst. Surgeon Cunningham, to proceed to St. Augustine, Fla., and relieve Anthony Gardner from duty as Post Surgeon. S. O. 45, C. S., Dept. of the South.

Woodruff, E., Capt. and Asst. Surgeon, now awaiting orders in New York city, to report to commanding officer Willet's Point, N. Y., to relieve Surgeon Clements. S. O. 116, A. G. O., May 21, 1881.

Worthington, J. C., Capt. and Asst. Surgeon. Assigned to duty at Fort Wayne, Mich. S. O. 68, Dept. of the East, May 14, 1881.

Shannon, Wm. C., Capt. and Asst. Surgeon. Assigned to duty at Fort D. A. Russell, Wyoming. S. O. 44, Dept. of the Platte, May 21, 1881.

BOOKS AND PAMPHLETS.

Edward W. Hincks, Milwaukee, Wis., Rules, Regulations and Classification for the First Annual Exhibition by the Milwaukee Industrial Exposition Association of American Manufactories, Inventions, Arts; Industrial Products and Natural History Collections, September 6 to October 15, 1881. Exposition Building, Fifth, Sixth, State and Cedar Streets, Milwaukee, Wisconsin.

L. Duncan, Bulkley, A. M., M. D., New York. Clinical Illustrations of Favus and its Treatment by a new Method of Depilation. Reprinted from Archives of Dermatology, April, 1881.

George M. Staples, A. M., M. D., Dubuque, Iowa. Chest Drainage in Empyema, read before the Iowa State Medical Society. Printed by permission.

H. M. Bannister, M. D., Kankakee, Illinois. Hæmophilia, Scurvy, Morbus Maculosus Werlhofii, Reprinted from the American Supplement of Ziemssens Cyclopædia, 1881.

James G. Kiernan, M. D., Chicago. Contributions to Psychiatry. IV. Psychoses produced by Rheumatism. V. Psychoses produced by Heat. Reprinted from the Journal of Nervous and Mental Disease, April, 1881.

J. S. Jewell, M. D., Chicago. The Nature and Treatment of Headache. A lecture delivered in the Chicago Medical College. Reprinted from the Journal of Nervous and Mental Disease, January and April, 1881.

J. J. Putnam, M. D., Boston. A Case of Rapid and Widespread Muscular Wasting without Disease of the Spinal Cord. Reprinted from the Journal of Nervous and Mental Disease, April, 1881.

G. B. Wood Field, M. D., Easton, Pa. Contributions to the Physiology of the Spinal Cord and Adjacent Parts. Reprinted from the Journal of Nervous and Mental Disease, April, 1881.

A Medico-Legal Treatise on Malpractice, Medical Evidence and Insanity, by J. J. Elwell, Cleveland, Ohio. New York: Baker, Voorhis & Co., 1881.

A Treatise on Continued Fevers, by James C. Wilson, M. D., 1437 Walnut St. Philadelphia, Pa., with an Introduction by J. M. DaCosta, M. D. Philadelphia, Pa. Wood's Library of Standard Medical Authors, New York: William Wood & Co., 1881; W. T. Keener, Chicago.

Christian Fenger, M. D., and E. W. Lee, M. D., Chicago. Nerve Stretching. Reprinted from the Journal of Nervous and Mental Disease, April, 1881.

E. C. Spitzka, M. D., New York. Contributions to Encephalic Anatomy. X. Note in regard to the Dimensions of Nerve Cells and their Nuclei. XI. The "Association" Cell. XII. The Contested Origin of the Trigemini. Reprinted from the Journal of Nervous and Mental Disease, April, 1881.

